

Sec.		Sec.	
	(d) Disclosure of unemployment compensation information; deduction and withholding of amounts owed to State food stamp agencies; reimbursement of administrative costs; non-compliance of State agency.		(j) Requirement for high school diploma or equivalent.
	(e) Disclosure of wage information; non-compliance of State agency.		(k) Limitations on use of grant for matching under certain Federal transportation program.
	(f) Income and eligibility verification system.	604a.	Services provided by charitable, religious, or private organizations.
	(g) Recovery of unemployment benefit payments.		(a) In general.
	(h) Disclosure to Secretary of Health and Human Services of wage and unemployment compensation claims information; suspension by Secretary of Labor of payments to State for noncompliance.		(b) Religious organizations.
	(i) Access to State employment records.		(c) Nondiscrimination against religious organizations.
504.	Judicial review.		(d) Religious character and freedom.
	(a) Finding by Secretary of Labor; petition for review; filing of record.	605.	(e) Rights of beneficiaries of assistance.
	(b) Findings of fact by Secretary of Labor; new or modified findings.		(f) Employment practices.
	(c) Affirmance or setting aside of Secretary's action; review by Supreme Court.		(g) Nondiscrimination against beneficiaries.
	(d) Stay of Secretary's action.		(h) Fiscal accountability.
SUBCHAPTER IV—GRANTS TO STATES FOR AID AND SERVICES TO NEEDY FAMILIES WITH CHILDREN AND FOR CHILD-WELFARE SERVICES			(i) Compliance.
PART A—BLOCK GRANTS TO STATES FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES			(j) Limitations on use of funds for certain purposes.
601.	Purpose.		(k) Preemption.
	(a) In general.		Administrative provisions.
	(b) No individual entitlement.		(a) Quarterly.
602.	Eligible States; State plan.		(b) Notification.
	(a) In general.		(c) Computation and certification of payments to States.
	(b) Plan amendments.		(d) Payment method.
	(c) Public availability of State plan summary.	606.	Federal loans for State welfare programs.
603.	Grants to States.		(a) Loan authority.
	(a) Grants.		(b) Rate of interest.
	(b) Contingency Fund.		(c) Use of loan.
603a.	Transferred.		(d) Limitation on total amount of loans to State.
604.	Use of grants.		(e) Limitation on total amount of outstanding loans.
	(a) General rules.	607.	(f) Appropriation.
	(b) Limitation on use of grant for administrative purposes.		Mandatory work requirements.
	(c) Authority to treat interstate immigrants under rules of former State.		(a) Participation rate requirements.
	(d) Authority to use portion of grant for other purposes.		(b) Calculation of participation rates.
	(e) Authority to reserve certain amounts for assistance.		(c) Engaged in work.
	(f) Authority to operate employment placement program.		(d) "Work activities" defined.
	(g) Implementation of electronic benefit transfer system.		(e) Penalties against individuals.
	(h) Use of funds for individual development accounts.		(f) Nondisplacement in work activities.
	(i) Sanction welfare recipients for failing to ensure that minor dependent children attend school.	608.	(g) Sense of Congress.
			(h) Sense of Congress that States should impose certain requirements on noncustodial, non-supporting minor parents.
			(i) Review of implementation of State work programs.
			Prohibitions; requirements.
			(a) In general.
			(b) Individual responsibility plans.
			(c) Sanctions against recipients not considered wage reductions.
			(d) Nondiscrimination provisions.
			(e) Special rules relating to treatment of certain aliens.
			(f) Special rules relating to treatment of non-213A aliens.
			(g) State required to provide certain information.
		608a.	Fraud under means-tested welfare and public assistance programs.
			(a) In general.
			(b) Welfare or public assistance programs for which Federal funds are appropriated.

Sec. 629e.	Evaluations; research; technical assistance. (a) Evaluations. (b) Coordination of evaluations. (c) Research. (d) Technical assistance.	Sec. 653.	(l) Facilitation of agreements between State agencies and financial institutions. Federal Parent Locator Service. (a) Establishment; purpose. (b) Disclosure of information to authorized persons. (c) "Authorized person" defined. (d) Form and manner of request for information. (e) Compliance with request; search of files and records by head of any department, etc., of United States; transmittal of information to Secretary; reimbursement for cost of search; fees. (f) Arrangements and cooperation with State agencies. (g) Reimbursement for reports by State agencies. (h) Federal Case Registry of Child Support Orders. (i) National Directory of New Hires. (j) Information comparisons and other disclosures. (k) Fees. (l) Restriction on disclosure and use. (m) Information integrity and security. (n) Federal Government reporting. (o) Use of set-aside funds. (p) "Support order" defined.
629f.	Authorization of appropriations; reservation of certain amounts. (a) Authorization. (b) Reservation of certain amounts.		State Directory of New Hires. (a) Establishment. (b) Employer information. (c) Reporting format and method. (d) Civil money penalties on non-complying employers. (e) Entry of employer information. (f) Information comparisons. (g) Transmission of information. (h) Other uses of new hire information.
629g.	Discretionary grants. (a) Limitations on authorization of appropriations. (b) Reservation of certain amounts. (c) Allotments. (d) Grants. (e) Applicability of certain rules.		State plan for child and spousal support. Automated data processing. (a) In general. (b) Program management. (c) Calculation of performance indicators. (d) Information integrity and security. (e) State case registry. (f) Information comparisons and other disclosures of information. (g) Collection and distribution of support payments. (h) Expedited administrative procedures.
629h.	Entitlement funding for State courts to assess and improve handling of proceedings relating to foster care and adoption. (a) In general. (b) Applications. (c) Allotments. (d) Federal share.	653a.	Collection and disbursement of support payments. (a) State disbursement unit. (b) Required procedures. (c) Timing of disbursements. (d) "Business day" defined.
629i.	Grants for programs for mentoring children of prisoners. (a) Findings and purpose. (b) Definitions. (c) Program authorized. (d) Application requirements. (e) Federal share. (f) Considerations in awarding grants. (g) Evaluation. (h) Authorization of appropriations; reservation of certain amounts.		Payments to States. (a) Amounts payable each quarter. (b) Estimate of amounts payable; installment payments. (c) Repealed. (d) State reports.
PART C—WORK INCENTIVE PROGRAM FOR RECIPIENTS OF AID UNDER STATE PLAN APPROVED UNDER PART A			
630 to 645.	Repealed or Omitted.		
PART D—CHILD SUPPORT AND ESTABLISHMENT OF PATERNITY			
651.	Authorization of appropriations.	654.	
652.	Duties of Secretary. (a) Establishment of separate organizational unit; duties. (b) Certification of child support obligations to Secretary of the Treasury for collection. (c) Payment of child support collections to States. (d) Child support management information system. (e) Technical assistance to States. (f) Regulations. (g) Performance standards for State paternity establishment programs. (h) Prompt State response to requests for child support assistance. (i) Prompt State distribution of amounts collected as child support. (j) Training of Federal and State staff, research and demonstration programs, and special projects of regional or national significance. (k) Denial of passports for non-payment of child support.	654a.	
		654b.	
		655.	

Sec.		Sec.	
	(e) Special project grants for interstate enforcement; appropriations.		(e) Agreement on use of Federal Parent Locator Service with United States Central Authority under Convention on the Civil Aspects of International Child Abduction.
	(f) Direct Federal funding to Indian tribes and tribal organizations.		(f) Agreement to assist in locating missing children under Federal Parent Locator Service.
655a.	Provision for reimbursement of expenses.		(f) Agreement to assist in locating missing children under Federal Parent Locator Service.
656.	Support obligation as obligation to State; amount; discharge in bankruptcy.	664.	Collection of past-due support from Federal tax refunds.
	(a) Collection processes.		(a) Procedures applicable; distribution.
	(b) Nondischargeability.		(b) Regulations; contents, etc.
657.	Distribution of collected support.		(c) "Past-due support" defined.
	(a) In general.	665.	Allotments from pay for child and spousal support owed by members of uniformed services on active duty.
	(b) Continuation of assignments.		(a) Mandatory allotment; notice upon failure to make; amount of allotment; adjustment or discontinuance; consultation.
	(c) Definitions.		(b) "Authorized person" defined.
	(d) Gap payments not subject to distribution under this section.		(c) Regulations.
	(e) Amounts collected for child for whom foster care maintenance payments are made.	666.	Requirement of statutorily prescribed procedures to improve effectiveness of child support enforcement.
658.	Repealed.		(a) Types of procedures required.
658a.	Incentive payments to States.		(b) Withholding from income of amounts payable as support.
	(a) In general.		(c) Expedited procedures.
	(b) Amount of incentive payment.		(d) Exemption of States.
	(c) Treatment of interstate collections.		(e) "Overdue support" defined.
	(d) Administrative provisions.		(f) Uniform Interstate Family Support Act.
	(e) Regulations.		(g) Laws voiding fraudulent transfers.
	(f) Reinvestment.	667.	State guidelines for child support awards.
659.	Consent by United States to income withholding, garnishment, and similar proceedings for enforcement of child support and alimony obligations.		(a) Establishment of guidelines; method.
	(a) Consent to support enforcement.		(b) Availability of guidelines; rebuttable presumption.
	(b) Consent to requirements applicable to private person.		(c) Technical assistance to States; State to furnish Secretary with copies.
	(c) Designation of agent; response to notice or process.	668.	Encouragement of States to adopt civil procedure for establishing paternity in contested cases.
	(d) Priority of claims.	669.	Collection and reporting of child support enforcement data.
	(e) No requirement to vary pay cycles.		(a) In general.
	(f) Relief from liability.		(b) Types of services.
	(g) Regulations.		(c) Types of service recipients.
	(h) Moneys subject to process.		(d) Rule of interpretation.
	(i) Definitions.	669a.	Nonliability for financial institutions providing financial records to State child support enforcement agencies in child support cases.
659a.	International support enforcement.		(a) In general.
	(a) Authority for declarations.		(b) Prohibition of disclosure of financial record obtained by State child support enforcement agency.
	(b) Standards for foreign support enforcement procedures.		(c) Civil damages for unauthorized disclosure.
	(c) Designation of United States Central Authority.		(d) Definitions.
	(d) Effect on other laws.	669b.	Grants to States for access and visitation programs.
660.	Civil action to enforce child support obligations; jurisdiction of district courts.		(a) In general.
661, 662.	Repealed.		(b) Amount of grant.
663.	Use of Federal Parent Locator Service in connection with enforcement or determination of child custody in cases of parental kidnapping of child.		(c) Allotments to States.
	(a) Agreements with States for use of Federal Parent Locator Service.		(d) No supplantation of State expenditures for similar activities.
	(b) Requests from authorized persons for information.		
	(c) Information which may be disclosed.		
	(d) "Custody or visitation determination" and "authorized person" defined.		

Sec.		Sec.	
	(e) State administration.		(f) Reduction for failure to submit required data.
	PART E—FEDERAL PAYMENTS FOR FOSTER CARE AND ADOPTION ASSISTANCE	675.	Definitions.
670.	Congressional declaration of purpose; authorization of appropriations.	676.	Administration.
671.	State plan for foster care and adoption assistance.		(a) Technical assistance to States.
	(a) Requisite features of State plan.		(b) Data collection and evaluation.
	(b) Approval of plan by Secretary.	677.	John H. Chafee Foster Care Independence Program.
672.	Foster care maintenance payments program.		(a) Purpose.
	(a) Qualifying children.		(b) Applications.
	(b) Additional qualifications.		(c) Allotments to States.
	(c) "Foster family home" and "child-care institution" defined.		(d) Use of funds.
	(d) Children removed from their homes pursuant to voluntary placement agreements.		(e) Penalties.
	(e) Placements in best interest of child.		(f) Data collection and performance measurement.
	(f) "Voluntary placement" and "voluntary placement agreement" defined.	678.	(g) Evaluations.
	(g) Revocation of voluntary placement agreement.	679.	(h) Limitations on authorization of appropriations.
	(h) Aid for dependent children; assistance for minor children in needy families.		(i) Educational and training vouchers.
673.	Adoption assistance program.		Rule of construction.
	(a) Agreements with adoptive parents of children with special needs; State payments; qualifying children; amount of payments; changes in circumstances; placement period prior to adoption; non-recurring adoption expenses.		Collection of data relating to adoption and foster care.
	(b) Aid for dependent children; assistance for minor children in needy families.	679a.	(a) Advisory Committee on Adoption and Foster Care Information.
	(c) Children with special needs.	679b.	(b) Report to Congress; regulations.
673a.	Interstate compacts.		(c) Data collection system.
673b.	Adoption incentive payments.		National Adoption Information Clearinghouse.
	(a) Grant authority.		Annual report.
	(b) Incentive-eligible State.		PART F—JOB OPPORTUNITIES AND BASIC SKILLS TRAINING PROGRAM
	(c) Data requirements.		681 to 687. Repealed.
	(d) Adoption incentive payment.		SUBCHAPTER V—MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
	(e) 2-year availability of incentive payments.	701.	Authorization of appropriations; purposes; definitions.
	(f) Limitations on use of incentive payments.	702.	Allotment to States and Federal set-aside.
	(g) Definitions.		(a) Special projects.
	(h) Limitations on authorization of appropriations.		(b) Excess funds; preference.
	(i) Technical assistance.		(c) Allotments to States.
674.	Payments to States.		(d) Re-allotment of unallotted funds.
	(a) Amounts.	703.	Payments to States.
	(b) Quarterly estimates of State's entitlement for next quarter; payments; United States' pro rata share of amounts recovered as overpayment; allowance, disallowance, or deferral of claim.		(a) Statutory provisions applicable.
	(c) Automated data collection expenditures.		(b) Unobligated allotments.
	(d) Reduction for violation of plan requirement.		(c) Reduction of payments; fair market value of supplies or equipment, value of salaries, travel expenses, etc.
	(e) Discretionary grants for educational and training vouchers for youths aging out of foster care.	703a.	Omitted.
		704.	Use of allotment funds.
			(a) Covered services.
			(b) Restrictions.
			(c) Use of portion of funds.
			(d) Limitation on use of funds for administrative costs.
		704a.	Omitted.
		704b.	Nonavailability of allotments after close of fiscal year.
		705.	Application for block grant funds.
		706.	Administrative and fiscal accountability.
			(a) Annual reporting requirements; form, etc.
			(b) Audits; implementation, standards, etc.
			(c) Public inspection of reports and audits.
			(d) Access to books, records, etc.; creation of new records.

Sec. 707.	Criminal penalty for false statements.	Sec. 907.	Repealed.
708.	Nondiscrimination provisions.	907a.	National Commission on Social Security.
	(a) Federally funded activities.		(a) Establishment; membership; Chairman and Vice Chairman; quorum; terms of office; vacancies; per diem and expense reimbursement; meetings.
	(b) Compliance.		
	(c) Authority of Attorney General; civil actions.		(b) Continuing study, investigation, and review of social security program; scope of study, etc., and public participation.
709.	Administration of Federal and State programs.		(c) Special, annual, and final reports to President and Congress concerning implementation, etc., of study, investigation, and review responsibilities; termination of Commission.
710.	Separate program for abstinence education.		(d) Executive Director and additional personnel; appointment and compensation.
	(a) In general.		(e) Administrative procedures.
	(b) Purpose of allotment.		(f) Data and information from other Federal departments and agencies.
	(c) Applicability of sections 703, 707, and 708.		(g) Administrative support services from General Services Administration; reimbursement.
	(d) Appropriations.		(h) Authorization of appropriations.
711 to 731.	Omitted or Repealed.		
	SUBCHAPTER VI—TEMPORARY STATE FISCAL RELIEF		
801.	Temporary State fiscal relief.		
	(a) Appropriation.		
	(b) Payments.		
	(c) Payments based on population.		
	(d) Use of payment.		
	(e) Certification.		
	(f) Definition of State.		
	(g) Repeal.		
	SUBCHAPTER VII—ADMINISTRATION		
901.	Social Security Administration.		
901a.	Repealed.		
902.	Commissioner; Deputy Commissioner; other officers.	908.	Omitted.
	(a) Commissioner of Social Security.	909.	Delivery of benefit checks.
	(b) Deputy Commissioner of Social Security.		(a) Saturdays, Sundays, and holidays.
	(c) Chief Actuary.		(b) Recovery of overpayments.
	(d) Chief Financial Officer.	910.	(c) Early delivery.
	(e) Inspector General.		Recommendations by Board of Trustees to remedy inadequate balances in Social Security trust funds.
903.	Social Security Advisory Board.		(a) Terms and conditions of recommendations.
	(a) Establishment of Board.		(b) "Balance ratio" defined.
	(b) Functions of Board.	911.	Budgetary treatment of trust fund operations.
	(c) Structure and membership of Board.	912.	Office of Rural Health Policy.
	(d) Terms of appointment.	913.	Duties and authority of Secretary.
	(e) Chairman.		
	(f) Expenses and per diem.		SUBCHAPTER VIII—SPECIAL BENEFITS FOR CERTAIN WORLD WAR II VETERANS
	(g) Meetings.		
	(h) Federal Advisory Committee Act.	1001.	Basic entitlement to benefits.
	(i) Personnel.	1002.	Qualified individuals.
	(j) Authorization of appropriations.	1003.	Residence outside the United States.
		1004.	Disqualifications.
			(a) In general.
904.	Administrative duties of Commissioner.		(b) Requirement for Attorney General.
	(a) Personnel.	1005.	Benefit amount.
	(b) Budgetary matters.	1006.	Applications and furnishing of information.
	(c) Employment restriction.		(a) In general.
	(d) Seal of office.		(b) Verification requirement.
	(e) Data exchanges.		Representative payees.
905, 905a.	Transferred.		(a) In general.
906.	Training grants for public welfare personnel.	1007.	(b) Examination of fitness of prospective representative payee.
	(a) Authorization of appropriations.		(c) Requirement for maintaining lists of undesirable payees.
	(b) Allocation for carrying out direct grant programs.		(d) Persons ineligible to serve as representative payees.
	(c) Payments to States for cost of grant programs to certain agencies and institutions.		(e) Deferral of payment pending appointment of representative payee.
	(d) Advance payments to States.		(f) Hearing.
	(e) Reallotments.		(g) Notice requirements.
	(f) Direct grants to certain agencies and institutions.		

Sec.		Sec.	
	(h) Accountability monitoring.	1104.	Unemployment Trust Fund.
	(i) Restitution.		(a) Establishment.
1008.	Overpayments and underpayments.		(b) Investments.
	(a) In general.		(c) Sale or redemption of obligations.
	(b) No effect on subchapter VIII eligibility or benefit amount.		(d) Treatment of interest and proceeds.
	(c) Waiver of recovery of overpayment.		(e) Separate book accounts.
	(d) Limited immunity for disbursing officers.		(f) Payment to State agencies and Railroad Retirement Board.
	(e) Authorized collection practices.		(g) Federal unemployment account; establishment.
1009.	Hearings and review.	1105.	Extended Unemployment Compensation Account.
	(a) Hearings.		(a) Establishment.
	(b) Judicial review.		(b) Transfers to account.
1010.	Other administrative provisions.		(c) Transfers to State accounts.
	(a) Regulations and administrative arrangements.		(d) Advances to account; repayment.
	(b) Payment of benefits.	1106.	Unemployment compensation research program.
	(c) Entitlement redeterminations.	1107.	Personnel training.
	(d) Suspension and termination of benefits.		(a) Creation of program.
1010a.	Optional Federal administration of State recognition payments.		(b) Repayment of costs.
	(a) In general.		(c) Detail of Federal and State employees.
	(b) Agreement terms.		(d) Authorization of appropriations.
	(c) Special disposition of administration fees.		Advisory Council on Unemployment Compensation.
1011.	Penalties for fraud.	1108.	(a) Establishment.
	(a) In general.		(b) Function.
	(b) Restitution by representative payee.		(c) Members.
1012.	Definitions.		(d) Staff and other assistance.
1013.	Appropriations.		(e) Compensation.
	SUBCHAPTER IX—EMPLOYMENT SECURITY ADMINISTRATIVE FINANCING		(f) Report.
1101.	Employment Security Administration Account.	1109.	Federal Employees Compensation Account.
	(a) Establishment.	1110.	Borrowing between Federal accounts.
	(b) Amount credited to Account; transfer of funds; adjustments; repayment of internal revenue refunds.		(a) In general.
	(c) Administrative expenditures; necessary expenses; quarterly transfer of funds; adjustments; limitation; estimate of net receipts.		(b) Treatment of advance.
	(d) Additional tax attributable to reduced credits; transfer of funds.		(c) Repayment.
	(e) Revolving fund; appropriations; advances to Account; repayment; interest.	SUBCHAPTER X—GRANTS TO STATES FOR AID TO BLIND	
	(f) Determination of excess in Account; limitation on amount to be retained; use of balance in Account during certain fiscal years; net balance.	1201.	Authorization of appropriations.
		1202.	State plans for aid to blind.
		1202a.	Repealed.
		1203.	Payment to States.
			(a) Authorization of payments.
			(b) Computation of amounts.
		1204.	Operation of State plans.
		1205.	Omitted.
		1206.	“Aid to the blind” defined.
		SUBCHAPTER XI—GENERAL PROVISIONS, PEER REVIEW, AND ADMINISTRATIVE SIMPLIFICATION	
		PART A—GENERAL PROVISIONS	
		1301.	Definitions.
		1301–1, 1301a.	Omitted.
		1302.	Rules and regulations; impact analyses of Medicare and Medicaid rules and regulations on small rural hospitals.
			Separability.
		1303.	Reservation of right to amend or repeal.
		1304.	Short title of chapter.
		1305.	Disclosure of information in possession of Social Security Administration or Department of Health and Human Services.
		1306.	(a) Disclosure prohibited; exceptions.
			(b) Requests for information and services.
			(c) Cost reimbursement.
1102.	Transfers between Federal Unemployment Account and Employment Security Administration Account.		
	(a) Determination of excess; amount transferred.		
	(b) Unemployment account excesses.		
	(c) Report to Congress.		
1103.	Amounts transferred to State accounts.		
	(a) Determination and certification by Secretary of Labor.		
	(b) Transfer of funds where State is ineligible.		
	(c) Use of funds.		
	(d) Special transfer in fiscal year 2002.		

Sec.		Sec.	
	(d) Compliance with requests.		(d) Annual welfare indicators report.
	(e) Public inspection.		(e) Short title.
	(f) Opportunity for review.		Demonstration projects.
1306a.	Public access to State disbursement records.	1315.	(a) Waiver of State plan requirements; costs regarded as State plan expenditures; availability of appropriations.
1306b.	State data exchanges.		(b) Child support enforcement programs.
1307.	Penalty for fraud.		(c) Demonstration projects to test alternative definitions of unemployment.
1308.	Additional grants to Puerto Rico, Virgin Islands, Guam, and American Samoa; limitation on total payments.		(e) Extensions of State-wide comprehensive demonstration projects for which waivers granted.
	(a) Limitation on total payments to each territory.		(f) Application for extension of waiver project; submission; approval.
	(b) Entitlement to matching grant.	1316.	Administrative and judicial review of public assistance determinations.
	(c) Definitions.		(a) Determination of conformity with requirements for approval; petition for reconsideration; hearing; time limitations; review by court of appeals.
	(d) Authority to transfer funds to certain programs.		(b) Amendment of plans.
	(e) Repealed.		(c) Restitution when Secretary reverses his determination.
	(f) Total amount certified under subchapter XIX.		(d) Items covered under other subchapters; disallowance.
	(g) Medicaid payments to territories for fiscal year 1998 and thereafter.	1317.	Appointment of the Administrator and Chief Actuary of the Centers for Medicare & Medicaid Services.
1309.	Amounts disregarded not to be taken into account in determining eligibility of other individuals.	1318.	Alternative Federal payment with respect to public assistance expenditures.
1310.	Cooperative research or demonstration projects.	1319.	Federal participation in payments for repairs to home owned by recipient of aid or assistance.
1311.	Public assistance payments to legal representatives.	1320.	Approval of certain projects.
1312.	Medical care guides and reports for public assistance and medical assistance.	1320a.	Uniform reporting systems for health services facilities and organizations.
1313.	Assistance for United States citizens returned from foreign countries.		(a) Establishment; criteria for regulations; requirements for hospitals.
	(a) Authorization; reimbursement; utilization of facilities of public or private agencies and organizations.		(b) Monitoring, etc., of systems by Secretary.
	(b) Plans and arrangements for assistance; consultations.		(c) Availability of information to appropriate agencies and organizations.
	(c) "Temporary assistance" defined.	1320a-1.	Limitation on use of Federal funds for capital expenditures.
	(d) Maximum total amount of temporary assistance.		(a) Use of reimbursement for planning activities for health services and facilities.
	(e) Authority of Secretary to accept gifts.		(b) Agreement between Secretary and State for submission of proposed capital expenditures related to health care facilities and procedures for appeal from recommendations.
1314.	Public advisory groups.		(c) Manner of payment to States for carrying out agreement.
	(a) Advisory Council on Public Welfare; appointment and functions of initial Council.		(d) Determination of amount of exclusions from Federal payments.
	(b) Membership and representation of interests on initial Council.		(e) Treatment of lease or comparable arrangement of any facility or equipment for a facility in determining amount of exclusions from Federal payments.
	(c) Technical and other assistance for initial Council; availability of data.		(f) Reconsideration by Secretary of determinations.
	(d) Termination of initial Council's existence on submission of report.		
	(e) Succeeding Councils; appointment; functions; membership; representation of interests; assistance and data; termination.		
	(f) Advisory committees; functions; reports by Secretary.		
	(g) Compensation and travel expenses.		
	(h) Exemption from conflict of interest laws of members of Council or advisory committees; exceptions.		
1314a.	Measurement and reporting of welfare receipt.		
	(a) Congressional policy.		
	(b) Development of welfare indicators and predictors.		
	(c) Advisory Board on Welfare Indicators.		

Sec.		Sec.	
	(g) "Capital expenditure" defined.	1320a-7a.	Civil monetary penalties.
	(h) Applicability to Christian Science sanatoriums.		(a) Improperly filed claims.
	(i) National advisory council; establishment or designation of existing council; functions; consultations with other appropriate national advisory councils; composition; compensation and travel expenses.		(b) Payments to induce reduction or limitation of services.
	(j) Capital expenditure review exception for eligible organization health care facilities.		(c) Initiation of proceeding; authorization by Attorney General, notice, etc., estoppel, failure to comply with order or procedure.
1320a-1a.	Transferred.		(d) Amount or scope of penalty, assessment, or exclusion.
1320a-2.	Effect of failure to carry out State plan.		(e) Review by courts of appeals.
1320a-2a.	Reviews of child and family services programs, and of foster care and adoption assistance programs, for conformity with State plan requirements.		(f) Compromise of penalties and assessments; recovery; use of funds recovered.
	(a) In general.		(g) Finality of determination respecting penalty, assessment or exclusion.
	(b) Elements of review system.		(h) Notification of appropriate entities of finality of determination.
	(c) Provisions for administrative and judicial review.		(i) Definitions.
1320a-3.	Disclosure of ownership and related information; procedure; definitions; scope of requirements.		(j) Subpoenas.
1320a-3a.	Disclosure requirements for other providers under part B of Medicare.		(k) Injunctions.
	(a) Disclosure required to receive payment.		(l) Liability of principal for acts of agent.
	(b) Updates to information supplied.	1320a-7b.	Criminal penalties for acts involving Federal health care programs.
	(c) Verification.		(a) Making or causing to be made false statements or representations.
	(d) Definitions.		(b) Illegal remunerations.
1320a-4.	Issuance of subpoenas by Comptroller General.		(c) False statements or representations with respect to condition or operation of institutions.
	(a) Authorization; scope; service and proof of service.		(d) Illegal patient admittance and retention practices.
	(b) Contumacy or refusal to obey subpoena; contempt proceedings.		(e) Violation of assignment terms.
	(c) Nondisclosure of personal medical records by General Accounting Office.		(f) "Federal health care program" defined.
1320a-5.	Disclosure by institutions, organizations, and agencies of owners, officers, etc., convicted of offenses related to programs; notification requirements; "managing employee" defined.	1320a-7c.	Fraud and abuse control program.
1320a-6.	Adjustments in SSI benefits on account of retroactive benefits under subchapter II.		(a) Establishment of program.
	(a) Reduction in benefits.		(b) Additional use of funds by Inspector General.
	(b) "Supplemental security income benefits" defined.	1320a-7d.	Guidance regarding application of health care fraud and abuse sanctions.
	(c) Reimbursement of the State.		(a) Solicitation and publication of modifications to existing safe harbors and new safe harbors.
1320a-7.	Exclusion of certain individuals and entities from participation in Medicare and State health care programs.		(b) Advisory opinions.
	(a) Mandatory exclusion.	1320a-7e.	Health care fraud and abuse data collection program.
	(b) Permissive exclusion.		(a) General purpose.
	(c) Notice, effective date, and period of exclusion.		(b) Reporting of information.
	(d) Notice to State agencies and exclusion under State health care programs.		(c) Disclosure and correction of information.
	(e) Notice to State licensing agencies.		(d) Access to reported information.
	(f) Notice, hearing, and judicial review.		(e) Protection from liability for reporting.
	(g) Application for termination of exclusion.		(f) Coordination with National Practitioner Data Bank.
	(h) "State health care program" defined.	1320a-7f.	Coordination of medicare and medicaid surety bond provisions.
	(i) "Convicted" defined.	1320a-8.	Civil monetary penalties and assessments for subchapters II, VIII and XVI.
	(j) Definition of immediate family member and member of household.		(a) False statements or representations of material fact; proceedings to exclude.

Sec.		Sec.	
	(b) Initiation of proceedings; hearing; sanctions.		(c) Notice to State agencies.
	(c) Amount or scope of penalties, assessments, or exclusions.		(d) Notice to State licensing agencies.
	(d) Judicial review.		(e) Notice, hearing, and judicial review.
	(e) Compromise of money penalties and assessments; recovery; use of funds recovered.		(f) Application for termination of exclusion.
	(f) Finality of determination respecting penalty, assessment, or exclusion.		(g) Availability of records of excluded representatives and health care providers.
	(g) Notification of appropriate entities of finality of determination.		(h) Reporting requirement.
	(h) Injunction.		(i) Delegation of authority.
	(i) Delegation of authority.		(j) Definitions.
	(j) "State agency" defined.	1320b-7.	Income and eligibility verification system.
	(k) Liability of principal for acts of agents.		(a) Requirements of State eligibility systems.
	(l) Protection of ongoing criminal investigations.		(b) Applicable programs.
1320a-8a.	Administrative procedure for imposing penalties for false or misleading statements.		(c) Protection of applicants from improper use of information.
	(a) In general.		(d) Citizenship or immigration status requirements; documentation; verification by Immigration and Naturalization Service; denial of benefits; hearing.
	(b) Penalty.		(e) Erroneous State citizenship or immigration status determinations; penalties not required.
	(c) Duration of penalty.		(f) Medical assistance to aliens for treatment of emergency conditions.
	(d) Effect on other assistance.	1320b-8.	Hospital protocols for organ procurement and standards for organ procurement agencies.
	(e) Definition.	1320b-9.	National Commission on Children.
	(f) Consultations.		(a) Establishment.
1320a-9.	Demonstration projects.		(b) Membership.
	(a) Authority to approve demonstration projects.		(c) Duties and functions of Commission; public hearings in different geographical areas; broad spectrum of witnesses and testimony.
	(b) Waiver authority.		(d) Interim and final report to President and Congress; recommendations.
	(c) Treatment as program expenditures.		(e) Time of appointment of members; vacancies; election of Chairman; quorum; calling of meetings; number of meetings; voting; compensation and expenses.
	(d) Duration of demonstration.		(f) Executive Director and additional personnel; appointment and compensation; consultants.
	(e) Application.		(g) Time and place of hearings and nature of testimony authorized.
	(f) Evaluations; report.		(h) Data and information from other agencies and departments.
	(g) Cost neutrality.		(i) Support services by General Services Administration.
1320a-10.	Effect of failure to carry out State plan.		(j) Authorization of appropriations.
1320b.	Repealed.		(k) Donations accepted and deposited in Treasury in separate fund; expenditures; gift or bequest to or for use of United States.
1320b-1.	Notification of Social Security claimant with respect to deferred vested benefits.		(l) Public surveys.
1320b-2.	Period within which certain claims must be filed.	1320b-10.	Prohibition of misuse of symbols, emblems, or names in reference to Social Security or Medicare.
	(a) Claims.		
	(b) Waiver.		
1320b-3.	Applicants or recipients under public assistance programs not to be required to make election respecting certain veterans' benefits.		
	(a) Supplemental Security Income program.		
	(b) Period of effectiveness.		
1320b-4.	Nonprofit hospital or critical access hospital philanthropy.		
1320b-5.	Authority to waive requirements during national emergencies.		
	(a) Purpose.		
	(b) Secretarial authority.		
	(c) Authority for retroactive waiver.		
	(d) Certification to Congress.		
	(e) Duration of waiver.		
	(f) Report to Congress.		
	(g) Definitions.		
1320b-6.	Exclusion of representatives and health care providers convicted of violations from participation in social security programs.		
	(a) In general.		
	(b) Notice, effective date, and period of exclusion.		

Sec.		Sec.	
	(a) Prohibited acts.		(i) Suspension of disability reviews.
	(b) Civil penalties.		(j) Authorizations.
	(c) Application of other law; compromise, recovery, and deposit into Treasury of civil money penalties.		(k) Definitions.
	(d) Enforcement.		(l) Regulations.
1320b-11.	Blood Donor Locator Service.	1320b-20.	Work incentives outreach program.
	(a) In general.		(a) Establishment.
	(b) Provision of address information.		(b) Conditions.
	(c) Manner and form of requests.		(c) Definitions.
	(d) Procedures and safeguards.		(d) Authorization of appropriations.
	(e) Arrangements with State agencies and authorized persons.	1320b-21.	State grants for work incentives assistance to disabled beneficiaries.
	(f) Procedures for administrative review.		(a) In general.
	(g) Unauthorized disclosure of information.		(b) Services provided.
	(h) Definitions.		(c) Application.
1320b-12.	Research on outcomes of health care services and procedures.		(d) Amount of payments.
	(a) Establishment of program.		(e) Annual report.
	(b) Priorities.		(f) Funding.
	(c) Methodologies and criteria for evaluations.		(g) Definitions.
	(d) Standards for data bases.		(h) Authorization of appropriations.
	(e) Dissemination of research findings and guidelines.	1320b-22.	Grants to develop and establish State infrastructures to support working individuals with disabilities.
	(f) Evaluations.		(a) Establishment.
	(g) Research with respect to dissemination.		(b) Grants for infrastructure and outreach.
	(h) Omitted.		(c) Availability of funds.
	(i) Authorization of appropriations.		(d) Annual report.
1320b-13.	Social security account statements.		(e) Appropriation.
	(a) Provision upon request.		(f) Recommendation.
	(b) Notice to eligible individuals.	1320b-23.	Repealed.
	(c) Mandatory provision of statements.		PART B—PEER REVIEW OF UTILIZATION AND QUALITY OF HEALTH CARE SERVICES
1320b-14.	Outreach efforts to increase awareness of the availability of medicare cost-sharing and subsidies for low-income individuals under subchapter XVIII.	1320c.	Purpose.
	(a) Outreach.	1320c-1.	“Utilization and quality control peer review organization” defined.
	(b) Coordination with States.	1320c-2.	Contracts with utilization and quality control peer review organizations.
1320b-15.	Protection of social security and medicare trust funds.		(a) Establishment and consolidation of geographic areas.
	(a) In general.		(b) Organizations entitled to contract with Secretary.
	(b) “Public debt obligation” defined.		(c) Terms of contract.
	(c) “Federal fund” defined.		(d) Review prior to termination of contract; modification and termination; reviewing panel.
1320b-16.	Public disclosure of certain information on hospital financial interest and referral patterns.		(e) Authority of Secretary.
1320b-17.	Recovery of SSI overpayments from other benefits.		(f) Termination not subject to judicial review.
	(a) In general.		(g) Timely provision of hospital data to peer review organizations.
	(b) No effect on SSI eligibility or benefit amount.		(h) Publication of new policy or procedure and general criteria and standards for evaluation; performance comparison report.
1320b-18.	Recovery of social security benefit overpayments from subchapter VIII benefits.		(i) Preference in contracting with in-State organizations.
1320b-19.	The Ticket to Work and Self-Sufficiency Program.	1320c-3.	Functions of peer review organizations.
	(a) In general.		(a) Review of professional activities; determination of payment; determination of review authority; consultation with professional health care practitioners; standards of health care; other duties.
	(b) Ticket system.		(b) Review by physicians; physician’s family defined.
	(c) State participation.		(c) Utilization of services of physicians to make final determinations of denial decisions with respect to professional conduct of other physicians.
	(d) Responsibilities of the Commissioner.		
	(e) Program managers.		
	(f) Employment networks.		
	(g) Individual work plans.		
	(h) Employment network payment systems.		

Sec.		Sec.	
	(d) Review of ambulatory surgical procedures.		(g) Application to modifications of standards.
	(e) Review of hospital denial notices.	1320d-2.	Standards for information transactions and data elements.
	(f) Identification of methods for identifying cases of sub-standard care.		(a) Standards to enable electronic exchange.
1320c-4.	Right to hearing and judicial review.		(b) Unique health identifiers.
1320c-5.	Obligations of health care practitioners and providers of health care services; sanctions and penalties; hearings and review.		(c) Code sets.
	(a) Assurances regarding services and items ordered or provided by practitioner or provider.		(d) Security standards for health information.
	(b) Sanctions and penalties; hearings and review.	1320d-3.	Timetables for adoption of standards.
	(c) Enlistment of support of other organizations to assure practitioner's or provider's compliance with obligations.		(a) Initial standards.
			(b) Additions and modifications to standards.
1320c-6.	Limitation on liability.	1320d-4.	Requirements.
	(a) Providers of information to organizations having a contract with Secretary.		(a) Conduct of transactions by plans.
	(b) Employees and fiduciaries of organizations having contracts with Secretary.		(b) Compliance with standards.
	(c) Physicians and providers.	1320d-5.	General penalty for failure to comply with requirements and standards.
	(d) Reimbursement by Secretary for expenses incurred in defense of legal proceedings.		(a) General penalty.
1320c-7.	Application of this part to certain State programs receiving Federal financial assistance.		(b) Limitations.
	(a) State plan provision that functions of peer review organizations may be performed by contract with such organization.	1320d-6.	Wrongful disclosure of individually identifiable health information.
	(b) Federal share of expenditures.		(a) Offense.
1320c-8.	Authorization for use of certain funds to administer provisions of this part.		(b) Penalties.
1320c-9.	Prohibition against disclosure of information.	1320d-7.	Effect on State law.
	(a) Freedom of Information Act inapplicable; exceptions to non-disclosure.		(a) General effect.
	(b) Disclosure of information permitted.		(b) Public health.
	(c) Penalties.		(c) State regulatory reporting.
	(d) Subpoena and discovery proceedings regarding patient records.	1320d-8.	Processing payment transactions by financial institutions.
	(e) Organizations with contracts.		SUBCHAPTER XII—ADVANCES TO STATE UNEMPLOYMENT FUNDS
1320c-10.	Annual reports.	1321.	Eligibility requirements for transfer of funds; reimbursement by State; application; certification; limitation.
1320c-11.	Exemptions for religious nonmedical health care institutions.	1322.	Repayment by State; certification; transfer; interest on loan; credit of interest on loan.
1320c-12.	Medical officers in American Samoa, Northern Mariana Islands, and Trust Territory of Pacific Islands to be included in utilization and quality control peer review program.		(a) Repayment by State; certification; transfer.
1320c-13.	Repealed.		(b) Interest on loan.
			(c) Credit of interest on loan.
		1323.	Repayable advances to Federal Unemployment Account.
		1324.	"Governor" defined.
			SUBCHAPTER XIII—RECONVERSION UNEMPLOYMENT BENEFITS FOR SEAMEN
		1331 to 1336.	Repealed.
			SUBCHAPTER XIV—GRANTS TO STATES FOR AID TO PERMANENTLY AND TOTALLY DISABLED
		1351.	Authorization of appropriations.
		1352.	State plans for aid to permanently and totally disabled.
		1353.	Payments to States.
		1354.	Operation of State plans.
		1355.	Definitions.
			SUBCHAPTER XV—UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES
		1361 to 1371.	Repealed.
			SUBCHAPTER XVI—SUPPLEMENTAL SECURITY INCOME FOR AGED, BLIND, AND DISABLED
		1381.	Statement of purpose; authorization of appropriations.
		1381a.	Basic entitlement to benefits.
			PART A—DETERMINATION OF BENEFITS
		1382.	Eligibility for benefits.

PART C—ADMINISTRATIVE SIMPLIFICATION

1320d.	Definitions.
1320d-1.	General requirements for adoption of standards.
	(a) Applicability.
	(b) Reduction of costs.
	(c) Role of standard setting organizations.
	(d) Implementation specifications.
	(e) Protection of trade secrets.
	(f) Assistance to Secretary.

Sec.		Sec.	
	(a) "Eligible individual" defined.	1382f.	Cost-of-living adjustments in benefits.
	(b) Amount of benefits.		(a) Increase of dollar amounts.
	(c) Period for determination of benefits.		(b) Publication in Federal Register of new dollar amounts.
	(d) Limitation on amount of gross income earned; "gross income" defined.	1382g.	(c) Additional increases.
	(e) Limitation on eligibility of certain individuals.		Payments to State for operation of supplementation program.
	(f) Individuals outside United States; determination of status.		(a) Eligibility; agreement with Commissioner.
	(g) Individuals deemed to meet resources test.		(b) Levels of supplementary payments.
	(h) Individuals deemed to meet income test.		(c) Election to apply subsection (a)(4).
	(i) Application and review requirements for certain individuals.		(d) Determinations respecting any portion of period July 1, 1980, through June 30, 1981.
1382a.	Income; earned and unearned income defined; exclusions from income.		(e) Meeting subsection (a)(4) requirements for any month after March 1983.
1382b.	Resources.		(f) Passthrough relating to optional State supplementation.
	(a) Exclusions from resources.		(g) Mandatory pass-through of increased personal needs allowance.
	(b) Disposition of resources; grounds for exemption from disposition requirements.	1382h.	Benefits for individuals who perform substantial gainful activity despite severe medical impairment.
	(c) Disposal of resources for less than fair market value.		(a) Eligible individuals.
	(d) Funds set aside for burial expenses.		(b) Blind or disabled individuals receiving supplemental security income benefits.
	(e) Trusts.		(c) Continuing disability or blindness reviews; limitation.
1382c.	Definitions.		(d) Information and training programs.
1382d.	Rehabilitation services for blind and disabled individuals.	1382i.	Medical and social services for certain handicapped persons.
	(a) Referral by Commissioner of eligible individuals to appropriate State agency.		(a) Authorization of appropriations for pilot program.
	(b), (c) Repealed.		(b) State allotments.
	(d) Reimbursement by Commissioner to State agency of costs of providing services to referred individuals.		(c) Requisite features of State plans.
	(e) Reimbursement for vocational rehabilitation services furnished during certain months of nonpayment of insurance benefits.		(d) Payments to States; computation of payments.
1382e.	Supplementary assistance by State or subdivision to needy individuals.		(e) Rules and regulations.
	(a) Exclusion of cash payments in determination of income of individuals for purposes of eligibility for benefits; agreement by Commissioner and State for Commissioner to make supplementary payments on behalf of State or subdivision.	1382j.	(f) Reports.
	(b) Agreement between Commissioner and State; contents.		Attribution of sponsor's income and resources to aliens.
	(c) Residence requirement by State or subdivision for supplementary payments; disregarding amounts of certain income by State or subdivision in determining eligibility for supplementary payments.		(a) Attribution as unearned income.
	(d) Payment to Commissioner by State of amount equal to expenditures by Commissioner as supplementary payments; time and manner of payment by State; fees for Federal administration of State supplementary payments.		(b) Determination of amount and resources.
	(e) State standards; establishment; annual public review; annual certification; payments to individuals.		(c) Support and maintenance.
			(d) Information and documentation; agreements with Secretary of State and Attorney General.
			(e) Joint and several liability of alien and sponsor for overpayments.
			(f) Exemptions.
		1382k.	Repealed.
		PART B—PROCEDURAL AND GENERAL PROVISIONS	
		1383.	Procedure for payment of benefits.
			(a) Time, manner, form, and duration of payments; representative payees; promulgation of regulations.
			(b) Overpayments and underpayments; adjustment, recovery, or payment of amounts by Commissioner.

Sec.		Sec.	
	(c) Hearing to determine eligibility or amount of benefits; subsequent application; time within which to request hearing; time for determinations of Commissioner pursuant to hearing; judicial review.	1383f.	Annual report on program. (a) In general. (b) Views of individual members of Social Security Advisory Board.
	(d) Procedures applicable; prohibition on assignment of payments; representation of claimants; maximum fees; penalties for violations.	1384, 1385.	Omitted.
	(e) Administrative requirements prescribed by Commissioner; criteria; reduction of benefits to individual for noncompliance with requirements; payment to homeless.	SUBCHAPTER XVII—GRANTS FOR PLANNING COMPREHENSIVE ACTION TO COMBAT MENTAL RETARDATION	
	(f) Furnishing of information by Federal agencies.	1391.	Authorization of appropriations.
	(g) Reimbursement to States for interim assistance payments.	1392.	Availability of funds during certain fiscal years; limitation on amount; utilization of grant.
	(h) Payment of certain travel expenses.	1393.	Applications; single State agency designation; essential planning services; plans for expenditure; final activities report and other necessary reports; records; accounting.
	(i) Unnegotiated checks; notice to Commissioner; payment to States; notice to States; investigation of payees.	1394.	Payments to States; adjustments; advances or reimbursement; installments; conditions.
	(j) Application and review requirements for certain individuals.	SUBCHAPTER XVIII—HEALTH INSURANCE FOR AGED AND DISABLED	
	(k) Notifications to applicants and recipients.	1395.	Prohibition against any Federal interference.
	(l) Special notice to blind individuals with respect to hearings and other official actions.	1395a.	Free choice by patient guaranteed. (a) Basic freedom of choice. (b) Use of private contracts by medicare beneficiaries.
	(m) Pre-release procedures for institutionalized persons.	1395b.	Option to individuals to obtain other health insurance protection.
	(n) Concurrent SSI and food stamp applications by institutionalized individuals.	1395b-1.	Incentives for economy while maintaining or improving quality in provision of health services. (a) Grants and contracts to develop and engage in experiments and demonstration projects. (b) Waiver of certain payment or reimbursement requirements; advice and recommendations of specialists preceding experiments and demonstration projects.
	(o) Notice requirements.	1395b-2.	Notice of medicare benefits; medicare and medigap information. (a) Notice of medicare benefits. (b) Medicare and medigap information. (c) Contents of notice.
	(p) Reinstatement of eligibility on the basis of blindness or disability.	1395b-3.	Health insurance advisory service for medicare beneficiaries. (a) In general. (b) Outreach elements. (c) Assistance provided. (d) Educational material. (e) Notice to beneficiaries. (f) Report.
1383a.	Fraudulent acts; penalties; restitution.	1395b-4.	Health insurance information, counseling, and assistance grants. (a) Grants. (b) Grant applications. (c) Special grants. (d) Criteria for issuing grants. (e) Annual State report. (f) Report to Congress. (g) Authorization of appropriations for grants.
1383b.	Administration. (a) Authority of Commissioner. (b) Examination to determine blindness. (c) Notification of review. (d) Regulations regarding completion of plans for achieving self-support.	1395b-5.	Beneficiary incentive programs. (a) Repealed. (b) Program to collect information on fraud and abuse. (c) Program to collect information on program efficiency.
1383c.	Eligibility for medical assistance of aged, blind, or disabled individuals under State's medical assistance plan. (a) Determination by Commissioner pursuant to agreement between Commissioner and State; costs. (b) Preservation of benefit status for certain disabled widows and widowers. (c) Loss of benefits upon entitlement to child's insurance benefits based on disability. (d) Retention of medicaid when SSI benefits are lost upon entitlement to early widow's or widower's insurance benefits.	1395b-6.	Medicare Payment Advisory Commission.
1383d.	Outreach program for children. (a) Establishment. (b) Requirements.		
1383e.	Treatment referrals for individuals with alcoholism or drug addiction condition.		

Sec.		Sec.	
	(a) Establishment.		(f) Payment for certain inpatient hospital services furnished outside United States.
	(b) Duties.		(g) Payments to physicians for services rendered in teaching hospitals.
	(c) Membership.		(h) Payment for specified hospital services provided in Department of Veterans Affairs hospitals; amount of payment.
	(d) Director and staff; experts and consultants.		(i) Payment for hospice care.
	(e) Powers.		(j) Elimination of lesser-of-cost-or-charges provision.
	(f) Authorization of appropriations.		(k) Payments to home health agencies for durable medical equipment.
1395b-7.	Explanation of medicare benefits.		(l) Payment for inpatient critical access hospital services.
	(a) In general.	1395g.	Payments to providers of services.
	(b) Request for itemized statement for medicare items and services.		(a) Determination of amount.
1395b-8.	Chronic care improvement.		(b) Conditions.
	(a) Implementation of chronic care improvement programs.		(c) Payments under assignment or power of attorney.
	(b) Developmental phase (Phase I).		(d) Accrual of interest on balance of excess or deficit not paid.
	(c) Expanded implementation phase (Phase II).		(e) Periodic interim payments.
	(d) Identification and enrollment of prospective program participants.	1395h.	Use of public or private agencies or organizations to facilitate payment to providers of services.
	(e) Chronic care improvement programs.		(a) Authorization for agreement by Secretary for implementation; scope of agreement.
	(f) Terms of agreements.		(b) Prerequisites for agreement or renewal of agreement by Secretary.
	(g) Funding.		(c) Terms and conditions of agreements; prompt payment of claims.
1395b-9.	Provisions relating to administration.		(d) Nomination of agency or organization; withdrawal.
	(a) Coordinated administration of medicare prescription drug and Medicare Advantage programs.		(e) Assignment or reassignment of provider of services; designation of agency or organization to perform provider services and home health agency functions.
	(b) Employment of management staff.		(f) Development of standards, criteria, and procedures by Secretary for evaluation of agency or organization performance.
	(c) Medicare Beneficiary Ombudsman.		(g) Termination of agreement; procedures applicable.
PART A—HOSPITAL INSURANCE BENEFITS FOR AGED AND DISABLED			(h) Bonding requirement under agreement for officers and employees of agency or organization.
1395c.	Description of program.		(i) Liability of certifying and disbursing officers designated under agreement for negligent, etc., payments.
1395d.	Scope of benefits.		(j) Denial of claim; notification and reconsideration.
	(a) Entitlement to payment for inpatient hospital services, post-hospital extended care services, home health services, and hospice care.		(k) Annual reporting requirement on erroneous payment recovery.
	(b) Services not covered.		(l) No authority for activities carried out under Medicare Integrity Program.
	(c) Inpatients of psychiatric hospitals.		1395i.
	(d) Hospice care; election; waiver of rights; revocation; change of election.		Federal Hospital Insurance Trust Fund.
	(e) Services taken into account.		(a) Creation; deposits; transfers from Treasury.
	(f) Coverage of extended care services without regard to three-day prior hospitalization requirement.		(b) Board of Trustees; composition; meetings; duties.
	(g) "Spell of illness" defined.		(c) Investment of Trust Fund by Managing Trustee.
1395e.	Deductibles and coinsurance.		
	(a) Inpatient hospital services; outpatient hospital diagnostic services; blood; post-hospital extended care services.		
	(b) Inpatient hospital deductible; application.		
1395f.	Conditions of and limitations on payment for services.		
	(a) Requirement of requests and certifications.		
	(b) Amount paid to provider of services.		
	(c) No payments to Federal providers of services.		
	(d) Payments for emergency hospital services.		
	(e) Payment for inpatient hospital services prior to notification of noneligibility.		

Sec.		Sec.	
	(d) Authority of Managing Trustee to sell obligations.		(f) Permitting maintenance of swing beds.
	(e) Interest on and proceeds from sale or redemption of obligations.		(g) Grants.
	(f) Payment of estimated taxes.		(h) Grandfathering provisions.
	(g) Transfers from other Funds.		(i) Waiver of conflicting part A provisions.
	(h) Payments from Trust Fund amounts certified by Secretary.	1395i-5.	(j) Authorization of appropriations.
	(i) Payment of travel expenses for travel within United States; reconsideration interviews and proceedings before administrative law judges.		Conditions for coverage of religious non-medical health care institutional services.
	(j) Loans from other Funds; interest; repayment; report to Congress.		(a) In general.
	(k) Health Care Fraud and Abuse Control Account.		(b) Election.
1395i-1.	Authorization of appropriations.		(c) Monitoring and safeguard against excessive expenditures.
1395i-1a.	Repealed.		(d) Sunset.
1395i-2.	Hospital insurance benefits for uninsured elderly individuals not otherwise eligible.		(e) Annual report.
	(a) Individuals eligible to enroll.		PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED
	(b) Time, manner, and form of enrollment.	1395j.	Establishment of supplementary medical insurance program for aged and disabled.
	(c) Period of enrollment; scope of coverage.	1395k.	Scope of benefits; definitions.
	(d) Monthly premiums.		(a) Scope of benefits.
	(e) Contract or other arrangement for payment of monthly premiums.		(b) Definitions.
	(f) Deposit of amounts into Treasury.	1395l.	Payment of benefits.
	(g) Buy-in under this part for qualified medicare beneficiaries.		(a) Amounts.
1395i-2a.	Hospital insurance benefits for disabled individuals who have exhausted other entitlement.		(b) Deductible provision.
	(a) Eligibility.		(c) Mental disorders.
	(b) Enrollment.		(d) Nonduplication of payments.
	(c) Coverage period.		(e) Information for determination of amounts due.
	(d) Payment of premiums.		(f) Maximum rate of payment per visit for independent rural health clinics.
1395i-3.	Requirements for, and assuring quality of care in, skilled nursing facilities.		(g) Physical therapy services.
	(a) "Skilled nursing facility" defined.		(h) Fee schedules for clinical diagnostic laboratory tests; percentage of prevailing charge level; nominal fee for samples; adjustments; recipients of payments; negotiated payment rate.
	(b) Requirements relating to provision of services.		(i) Outpatient surgery.
	(c) Requirements relating to residents' rights.		(j) Accrual of interest on balance of excess or deficit not paid.
	(d) Requirements relating to administration and other matters.		(k) Hepatitis B vaccine.
	(e) State requirements relating to skilled nursing facility requirements.		(l) Fee schedule for services of certified registered nurse anesthetists.
	(f) Responsibilities of Secretary relating to skilled nursing facility requirements.		(m) Incentive payments for physicians' services furnished in underserved areas.
	(g) Survey and certification process.		(n) Payments to hospital outpatient departments for radiology; amount; definitions.
	(h) Enforcement process.		(o) Limitation on benefit for payment for therapeutic shoes for individuals with severe diabetic foot disease.
	(i) Construction.		(p) Repealed.
1395i-4.	Medicare rural hospital flexibility program.		(q) Requests for payment to include information on referring physician.
	(a) Establishment.		(r) Cap on prevailing charge; billing on assignment-related basis.
	(b) Application.		(s) Other prepaid organizations.
	(c) Medicare rural hospital flexibility program described.		(t) Prospective payment system for hospital outpatient department services.
	(d) "Rural health network" defined.		(u) Incentive payments for physician scarcity areas.
	(e) Certification by Secretary.		

Sec.		Sec.	
1395m.	Special payment rules for particular items and services.		(d) Payment of expenses incurred during coverage period.
	(a) Payment for durable medical equipment.		(e) Commencement of coverage for special enrollment periods.
	(b) Fee schedules for radiologist services.	1395r.	Amount of premiums for individuals enrolled under this part.
	(c) Payment and standards for screening mammography.		(a) Determination of monthly actuarial rates and premiums.
	(d) Frequency limits and payment for colorectal cancer screening tests.		(b) Increase in monthly premium.
	(e) Repealed.		(c) Premiums rounded to nearest multiple of ten cents.
	(f) Reduction in payments for physician pathology services during 1991.		(d) "Continuous period of eligibility" defined.
	(g) Payment for outpatient critical access hospital services.		(e) State payment of part B late enrollment premium increases.
	(h) Payment for prosthetic devices and orthotics and prosthetics.		(f) Limitation on increase in monthly premium.
	(i) Payment for surgical dressings.		(g) Exclusions from estimate of benefits and administrative costs.
	(j) Requirements for suppliers of medical equipment and supplies.		(h) Potential application of comparative cost adjustment in CCA areas.
	(k) Payment for outpatient therapy services and comprehensive outpatient rehabilitation services.	1395s.	(i) Reduction in premium subsidy based on income.
	(l) Establishment of fee schedule for ambulance services.		Payment of premiums.
	(m) Payment for telehealth services.		(a) Deductions from section 402 or 423 monthly benefits.
1395n.	Procedure for payment of claims of providers of services.		(b) Deductions from railroad retirement annuities or pensions.
	(a) Conditions for payment for services described in section 1395k(a)(2) of this title.		(c) Portion of monthly premium in excess of deducted amount.
	(b) Conditions for payment for services described in section 1395x(s) of this title.		(d) Deductions from civil service retirement annuities.
	(c) Collection of charges from individuals for services specified in section 1395x(s) of this title.		(e) Manner and time of payment prescribed by Secretary.
	(d) Payment to Federal provider of services or other Federal agencies prohibited.	1395t.	(f) Deposit of amounts in Treasury.
	(e) Payment to fund designated by medical staff or faculty of medical school.		(g) Premium payability period.
1395o.	Eligible individuals.		(h) Exempted monthly benefits.
1395p.	Enrollment periods.		(i) Adjustments for individuals enrolled in Medicare+Choice plans.
	(a) Generally; regulations.		Federal Supplementary Medical Insurance Trust Fund.
	(b) Repealed.		(a) Creation; deposits; fund transfers.
	(c) Initial general enrollment period; eligible individuals before March 1, 1966.		(b) Board of Trustees; composition; meetings; duties.
	(d) Eligible individuals on or after March 1, 1966.		(c) Investment of Trust Fund by Managing Trustee.
	(e) General enrollment period.		(d) Authority of Managing Trustee to sell obligations.
	(f) Individuals deemed enrolled in medical insurance program.		(e) Interest on or proceeds from sale or redemption of obligations.
	(g) Commencement of enrollment period.		(f) Transfers to other Funds.
	(h) Waiver of enrollment period requirements where individual's rights were prejudiced by administrative error or inaction.		(g) Payments from Trust Fund of amounts provided for by this part or with respect to administrative expenses.
	(i) Special enrollment periods.		(h) Payments from Trust Fund of costs incurred by Director of Office of Personnel Management.
	(j) Special rules for individuals with ALS.		(i) Payments from Trust Fund of costs incurred by Railroad Retirement Board.
1395q.	Coverage period.	1395t-1, 1395t-2.	Repealed.
	(a) Commencement.	1395u.	Use of carriers for administration of benefits.
	(b) Continuation.		(a) Authority of Secretary to enter into contracts with carriers.
	(c) Termination.		(b) Applicability of competitive bidding provisions; findings as to financial responsibility, etc., of carrier; contractual duties imposed by contract.

Sec.		Sec.	
	<ul style="list-style-type: none"> (c) Advances of funds to carrier; prompt payment of claims. (d) Surety bonds. (e) Liability of certifying or disbursing officers or carriers. (f) "Carrier" defined. (g) Authority of Railroad Retirement Board to enter into contracts with carriers. (h) Participating physician or supplier; agreement with Secretary; publication of directories; availability; inclusion of program in explanation of benefits; payment of claims on assignment-related basis. (i) Definitions. (j) Monitoring of charges of non-participating physicians; sanctions; restitution. (k) Sanctions for billing for services of assistant at cataract operations. (l) Prohibition of unassigned billing of services determined to be medically unnecessary by carrier. (m) Disclosure of information of unassigned claims for certain physicians' services. (n) Elimination of markup for certain purchased services. (o) Reimbursement for drugs and biologicals. (p) Requiring submission of diagnostic information. (q) Anesthesia services; counting actual time units. (r) Establishment of physician identification system. (s) Application of fee schedule. (t) Facility provider number required on claims. 		<ul style="list-style-type: none"> (a) Establishment of competitive acquisition programs. (b) Program requirements. (c) Program Advisory and Oversight Committee. (d) Report. (e) Demonstration project for clinical laboratory services.
		1395w-3a.	Use of average sales price payment methodology. <ul style="list-style-type: none"> (a) Application. (b) Payment amount. (c) Manufacturer's average sales price. (d) Monitoring of market prices. (e) Authority to use alternative payment in response to public health emergency. (f) Quarterly report on average sales price. (g) Judicial review.
		1395w-3b.	Competitive acquisition of outpatient drugs and biologicals. <ul style="list-style-type: none"> (a) Implementation of competitive acquisition. (b) Program requirements. (c) Bidding process. (d) Computation of payment amounts. (e) Cost-sharing. (f) Special payment rules. (g) Judicial review.
		1395w-4.	Payment for physicians' services. <ul style="list-style-type: none"> (a) Payment based on fee schedule. (b) Establishment of fee schedules. (c) Determination of relative values for physicians' services. (d) Conversion factors. (e) Geographic adjustment factors. (f) Sustainable growth rate. (g) Limitation on beneficiary liability. (h) Sending information to physicians. (i) Miscellaneous provisions. (j) Definitions.
		PART C—MEDICARE+CHOICE PROGRAM	
		1395w-21.	Eligibility, election, and enrollment. <ul style="list-style-type: none"> (a) Choice of medicare benefits through Medicare+Choice plans. (b) Special rules. (c) Process for exercising choice. (d) Providing information to promote informed choice. (e) Coverage election periods. (f) Effectiveness of elections and changes of elections. (g) Guaranteed issue and renewal. (h) Approval of marketing material and application forms. (i) Effect of election of Medicare+Choice plan option.
		1395w-22.	Benefits and beneficiary protections. <ul style="list-style-type: none"> (a) Basic benefits. (b) Antidiscrimination. (c) Disclosure requirements. (d) Access to services. (e) Quality assurance program. (f) Grievance mechanism. (g) Coverage determinations, reconsiderations, and appeals.
1395v.	Agreements with States. <ul style="list-style-type: none"> (a) Duty of Secretary; enrollment of eligible individuals. (b) Coverage of groups to which applicable. (c) Eligible individuals. (d) Monthly premiums; coverage periods. (e) Subsection (d)(3) terminations deemed resulting in section 1395p enrollment. (f) "Carrier" as including State agency; provisions facilitating deductions, coinsurance, etc., and leading to economy and efficiency of operation. (g) Subsection (b) exclusions from coverage groups. (h) Modifications respecting subsection (b) coverage groups. (i) Enrollment of qualified medicare beneficiaries. 		
1395w.	Appropriations to cover Government contributions and contingency reserve. <ul style="list-style-type: none"> (a) In general. (b) Contingency reserve. (c) Election under section 1395w-24. 		
1395w-1.	Repealed.		
1395w-2.	Intermediate sanctions for providers or suppliers of clinical diagnostic laboratory tests.		
1395w-3.	Competitive acquisition of certain items and services.		

Sec.		Sec.	
	(h) Confidentiality and accuracy of enrollee records.		(h) Procedures for termination.
	(i) Information on advance directives.		(i) Medicare+Choice program compatibility with employer or union group health plans.
	(j) Rules regarding provider participation.	1395w-27a.	Special rules for MA regional plans.
	(k) Treatment of services furnished by certain providers.		(a) Regional service area; establishment of MA regions.
	(l) Return to home skilled nursing facilities for covered post-hospital extended care services.		(b) Application of single deductible and catastrophic limit on out-of-pocket expenses.
1395w-23.	Payments to Medicare+Choice organizations.		(c) Portion of total payments to an organization subject to risk for 2006 and 2007.
	(a) Payments to organizations.		(d) Organizational and financial requirements.
	(b) Annual announcement of payment rates.		(e) Stabilization Fund.
	(c) Calculation of annual Medicare+Choice capitation rates.		(f) Computation of applicable MA region-specific non-drug monthly benchmark amounts.
	(d) "Medicare+Choice payment area" defined.		(g) Election of uniform coverage determination.
	(e) Special rules for individuals electing MSA plans.	1395w-28.	(h) Assuring network adequacy.
	(f) Payments from Trust Funds.		Definitions; miscellaneous provisions.
	(g) Special rule for certain inpatient hospital stays.		(a) Definitions relating to Medicare+Choice organizations.
	(h) Special rule for hospice care.		(b) Definitions relating to Medicare+Choice plans.
	(i) New entry bonus.		(c) Other references to other terms.
1395w-24.	Premiums.		(d) Coordinated acute and long-term care benefits under Medicare+Choice plan.
	(a) Submission of proposed premiums and related information.		(e) Restriction on enrollment for certain Medicare+Choice plans.
	(b) Monthly premium charged.		(f) Restriction on enrollment for specialized MA plans for special needs individuals.
	(c) Uniform premium.	1395w-29.	Comparative cost adjustment (CCA) program.
	(d) Terms and conditions of imposing premiums.		(a) Establishment of program.
	(e) Limitation on enrollee liability.		(b) Requirements for selection of CCA areas.
	(f) Requirement for additional benefits.		(c) Selection of CCA areas.
	(g) Prohibition of State imposition of premium taxes.		(d) Application of comparative cost adjustment.
	(h) Permitting use of segments of service areas.		(e) Computation of CCA benchmark amount.
1395w-25.	Organizational and financial requirements for Medicare+Choice organizations; provider-sponsored organizations.		(f) Premium adjustment.
	(a) Organized and licensed under State law.	PART D—VOLUNTARY PRESCRIPTION DRUG BENEFIT PROGRAM	
	(b) Assumption of full financial risk.	SUBPART 1—PART D ELIGIBLE INDIVIDUALS AND PRESCRIPTION DRUG BENEFITS	
	(c) Certification of provision against risk of insolvency for unlicensed PSOs.	1395w-101.	Eligibility, enrollment, and information.
	(d) "Provider-sponsored organization" defined.		(a) Provision of qualified prescription drug coverage through enrollment in plans.
1395w-26.	Establishment of standards.		(b) Enrollment process for prescription drug plans.
	(a) Establishment of solvency standards for provider-sponsored organizations.		(c) Providing information to beneficiaries.
	(b) Establishment of other standards.	1395w-102.	Prescription drug benefits.
1395w-27.	Contracts with Medicare+Choice organizations.		(a) Requirements.
	(a) In general.		(b) Standard prescription drug coverage.
	(b) Minimum enrollment requirements.		(c) Alternative prescription drug coverage requirements.
	(c) Contract period and effectiveness.		(d) Access to negotiated prices.
	(d) Protections against fraud and beneficiary protections.		(e) Covered part D drug defined.
	(e) Additional contract terms.	1395w-103.	Access to a choice of qualified prescription drug coverage.
	(f) Prompt payment by Medicare+Choice organization.		(a) Assuring access to a choice of coverage.
	(g) Intermediate sanctions.		

Sec.		Sec.	
	(b) Flexibility in risk assumed and application of fallback plan.		(a) Subsidy payment.
1395w-104.	Beneficiary protections for qualified prescription drug coverage.		(b) Reinsurance payment amount.
	(a) Dissemination of information.		(c) Adjustments relating to bids.
	(b) Access to covered part D drugs.		(d) Payment methods.
	(c) Cost and utilization management; quality assurance; medication therapy management program.		(e) Portion of total payments to a sponsor or organization subject to risk (application of risk corridors).
	(d) Consumer satisfaction surveys.		(f) Disclosure of information.
	(e) Electronic prescription program.	1395w-116.	Medicare Prescription Drug Account in the Federal Supplementary Medical Insurance Trust Fund.
	(f) Grievance mechanism.		(a) Establishment and operation of Account.
	(g) Coverage determinations and reconsiderations.		(b) Payments from Account.
	(h) Appeals.		(c) Deposits into Account.
	(i) Privacy, confidentiality, and accuracy of enrollee records.		
	(j) Treatment of accreditation.		SUBPART 3—APPLICATION TO MEDICARE ADVANTAGE PROGRAM AND TREATMENT OF EMPLOYER-SPONSORED PROGRAMS AND OTHER PRESCRIPTION DRUG PLANS
	(k) Public disclosure of pharmaceutical prices for equivalent drugs.		
	SUBPART 2—PRESCRIPTION DRUG PLANS; PDP SPONSORS; FINANCING	1395w-131.	Application to Medicare Advantage program and related managed care programs.
1395w-111.	PDP regions; submission of bids; plan approval.		(a) Special rules relating to offering of qualified prescription drug coverage.
	(a) Establishment of PDP regions; service areas.		(b) Application of default enrollment rules.
	(b) Submission of bids, premiums, and related information.		(c) Application of part D rules for prescription drug coverage.
	(c) Actuarial valuation.		(d) Special rules for private fee-for-service plans that offer prescription drug coverage.
	(d) Review of information and negotiation.		(e) Application to reasonable cost reimbursement contractors.
	(e) Approval of proposed plans.		(f) Application to PACE.
	(f) Application of limited risk plans.	1395w-132.	Special rules for employer-sponsored programs.
	(g) Guaranteeing access to coverage.		(a) Subsidy payment.
	(h) Annual report on use of limited risk plans and fallback plans.		(b) Application of MA waiver authority.
	(i) Noninterference.		(c) Definitions.
	(j) Coordination of benefits.	1395w-133.	State Pharmaceutical Assistance Programs.
1396w-112.	Requirements for and contracts with prescription drug plan (PDP) sponsors.		(a) Requirements for benefit coordination.
	(a) General requirements.		(b) State Pharmaceutical Assistance Program.
	(b) Contract requirements.		(c) Relation to other provisions.
	(c) Waiver of certain requirements to expand choice.		(d) Facilitation of transition and coordination with State Pharmaceutical Assistance Programs.
	(d) Solvency standards for non-licensed entities.		
	(e) Licensure does not substitute for or constitute certification.	1395w-134.	Coordination requirements for plans providing prescription drug coverage.
	(f) Periodic review and revision of standards.		(a) Application of benefit coordination requirements to additional plans.
	(g) Prohibition of State imposition of premium taxes; relation to State laws.		(b) Rx Plan.
1395w-113.	Premiums; late enrollment penalty.		(c) Relation to other provisions.
	(a) Monthly beneficiary premium.		
	(b) Late enrollment penalty.		SUBPART 4—MEDICARE PRESCRIPTION DRUG DISCOUNT CARD AND TRANSITIONAL ASSISTANCE PROGRAM
	(c) Collection of monthly beneficiary premiums.		
1395w-114.	Premium and cost-sharing subsidies for low-income individuals.	1395w-141.	Medicare prescription drug discount card and transitional assistance program.
	(a) Income-related subsidies for individuals with income up to 150 percent of poverty line.		(a) Establishment of program.
	(b) Premium subsidy amount.		(b) Eligibility for discount card and for transitional assistance.
	(c) Administration of subsidy program.		(c) Enrollment and enrollment fees.
	(d) Relation to medicaid program.		(d) Provision of information on enrollment and program features.
1395w-115.	Subsidies for part D eligible individuals for qualified prescription drug coverage.		

Sec.

- (e) Discount card features.
- (f) Eligibility procedures for endorsed programs and transitional assistance.
- (g) Transitional assistance.
- (h) Qualification of prescription drug card sponsors and endorsement of discount card programs; beneficiary protections.
- (i) Disclosure and oversight.
- (j) Treatment of territories.
- (k) Funding.

SUBPART 5—DEFINITIONS AND MISCELLANEOUS PROVISIONS

- 1395w-151. Definitions; treatment of references to provisions in part C.
 - (a) Definitions.
 - (b) Application of part C provisions under this part.
- 1395w-152. Miscellaneous provisions.
 - (a) Access to coverage in territories.
 - (b) Application of demonstration authority.

PART E—MISCELLANEOUS PROVISIONS

- 1395x. Definitions.
 - (a) Spell of illness.
 - (b) Inpatient hospital services.
 - (c) Inpatient psychiatric hospital services.
 - (d) Supplier.
 - (e) Hospital.
 - (f) Psychiatric hospital.
 - (g) Outpatient occupational therapy services.
 - (h) Extended care services.
 - (i) Post-hospital extended care services.
 - (j) Skilled nursing facility.
 - (k) Utilization review.
 - (l) Agreements for transfer between skilled nursing facilities and hospitals.
 - (m) Home health services.
 - (n) Durable medical equipment.
 - (o) Home health agency.
 - (p) Outpatient physical therapy services.
 - (q) Physicians' services.
 - (r) Physician.
 - (s) Medical and other health services.
 - (t) Drugs and biologicals.
 - (u) Provider of services.
 - (v) Reasonable costs.
 - (w) Arrangements for certain services; payments pursuant to arrangements for utilization review activities.
 - (x) State and United States.
 - (y) Extended care in religious non-medical health care institutions.
 - (z) Institutional planning.
 - (aa) Rural health clinic services and Federally qualified health center services.
 - (bb) Services of a certified registered nurse anesthetist.
 - (cc) Comprehensive outpatient rehabilitation facility services.

Sec.

- (dd) Hospice care; hospice program; definitions; certification; waiver by Secretary.
- (ee) Discharge planning process.
- (ff) Partial hospitalization services.
- (gg) Certified nurse-midwife services.
- (hh) Clinical social worker; clinical social worker services.
- (ii) Qualified psychologist services.
- (jj) Screening mammography.
- (kk) Covered osteoporosis drug.
- (ll) Speech-language pathology services; audiology services.
- (mm) Critical access hospital; critical access hospital services.
- (nn) Screening pap smear; screening pelvic exam.
- (oo) Prostate cancer screening tests.
- (pp) Colorectal cancer screening tests.
- (qq) Diabetes outpatient self-management training services.
- (rr) Bone mass measurement.
- (ss) Religious nonmedical health care institution.
- (tt) Post-institutional home health services; home health spell of illness.
- (uu) Screening for glaucoma.
- (vv) Medical nutrition therapy services; registered dietitian or nutrition professional.
- (ww) Initial preventive physical examination.
- (xx) Cardiovascular screening blood test.
- (yy) Diabetes screening tests.
- (zz) Intravenous immune globulin.
- (aaa) Extended care in religious non-medical health care institutions.
- 1395y. Exclusions from coverage and medicare as secondary payer.
 - (a) Items or services specifically excluded.
 - (b) Medicare as secondary payer.
 - (c) Drug products.
 - (d) Items or services provided for emergency medical conditions.
 - (e) Item or service by excluded individual or entity or at direction of excluded physician; limitation of liability of beneficiaries with respect to services furnished by excluded individuals and entities.
 - (f) Utilization guidelines for provision of home health services.
 - (g) Contracts with utilization and quality control peer review organizations.
 - (h) Waiver of electronic form requirement.
 - (i) Awards and contracts for original research and experimentation of new and existing medical procedures; conditions.
 - (j) Nonvoting members and experts.
 - (k) Dental benefits under group health plans.
 - (l) National and local coverage determination process.

Sec.		Sec.	
	(m) Coverage of routine costs associated with certain clinical trials of category A devices.		(d) Limitations on judicial review.
1395z.	Consultation with State agencies and other organizations to develop conditions of participation for providers of services.		(e) Application limited to parts A and B.
1395aa.	Agreements with States.	1395cc-3.	(f) Reports to Congress. Health care quality demonstration program.
	(a) Use of State agencies to determine compliance by providers of services with conditions of participation.		(a) Definitions.
	(b) Payment in advance or by way of reimbursement to State for performance of functions of subsection (a).		(b) Demonstration projects.
	(c) Use of State or local agencies to survey hospitals.		(c) Administration by contract.
	(d) Fulfillment of requirements by States.		(d) Eligibility criteria.
	(e) Prohibition of user fees for survey and certification.	1395dd.	(e) Waiver authority.
1395bb.	Effect of accreditation.		(f) Budget neutrality.
	(a) In general.		(g) Notice requirements.
	(b) Accreditation by American Osteopathic Association or other national accreditation body.		(h) Participation and support by Federal agencies.
	(c) Disclosure of accreditation survey.		Examination and treatment for emergency medical conditions and women in labor.
	(d) Deficiencies.		(a) Medical screening requirement.
	(e) State or local accreditation.		(b) Necessary stabilizing treatment for emergency medical conditions and labor.
1395cc.	Agreements with providers of services; enrollment processes.		(c) Restricting transfers until individual stabilized.
	(a) Filing of agreements; eligibility for payment; charges with respect to items and services.		(d) Enforcement.
	(b) Termination or nonrenewal of agreements.		(e) Definitions.
	(c) Refiling after termination or nonrenewal; agreements with skilled nursing facilities.		(f) Preemption.
	(d) Decision to withhold payment for failure to review long-stay cases.		(g) Nondiscrimination.
	(e) "Provider of services" defined.	1395ee.	(h) No delay in examination or treatment.
	(f) Maintenance of written policies and procedures.		(i) Whistleblower protections.
	(g) Penalties for improper billing.		Practicing Physicians Advisory Council; Council for Technology and Innovation.
	(h) Dissatisfaction with determination of Secretary; appeal by institutions or agencies; single notice and hearing.		(a) Practicing Physicians Advisory Council.
	(i) Intermediate sanctions for psychiatric hospitals.		(b) Council for Technology and Innovation.
	(j) Enrollment process for providers of services and suppliers.	1395ff.	Determinations; appeals.
1395cc-1.	Demonstration of application of physician volume increases to group practices.		(a) Initial determinations.
	(a) Demonstration program authorized.		(b) Appeal rights.
	(b) Eligibility criteria.		(c) Conduct of reconsiderations by independent contractors.
	(c) Patients within scope of demonstration.		(d) Deadlines for hearings by the Secretary; notice.
	(d) Incentives.		(e) Administrative provisions.
1395cc-2.	Provisions for administration of demonstration program.		(f) Review of coverage determinations.
	(a) General administrative authority.		(g) Qualifications of reviewers.
	(b) Contracts for program administration.		(h) Prior determination process for certain items and services.
	(c) Rules applicable to both program agreements and program administration contracts.	1395gg.	(i) Mediation process for local coverage determinations.
			Overpayment on behalf of individuals and settlement of claims for benefits on behalf of deceased individuals.
			(a) Payments to providers of services or other person regarded as payment to individuals.
			(b) Incorrect payments on behalf of individuals; payment adjustment.
			(c) Exception to subsection (b) payment adjustment.
			(d) Liability of certifying or disbursing officer for failure to recoup.
			(e) Settlement of claims for benefits under this subchapter on behalf of deceased individuals.
			(f) Settlement of claims for section 1395k benefits on behalf of deceased individuals.
			(g) Refund of premiums for deceased individuals.

Sec.		Sec.	
	(h) Appeals by providers of services or suppliers.		(k) Risk-sharing contracts.
1395hh.	Regulations.	1395nn.	Limitation on certain physician referrals.
	(a) Authority to prescribe regulations; ineffectiveness of substantive rules not promulgated by regulation.		(a) Prohibition of certain referrals.
	(b) Notice of proposed regulations; public comment.		(b) General exceptions to both ownership and compensation arrangement prohibitions.
	(c) Publication of certain rules; public inspection; changes in data collection and retrieval.		(c) General exception related only to ownership or investment prohibition for ownership in publicly traded securities and mutual funds.
	(e) Retroactivity of substantive changes; reliance upon written guidance.		(d) Additional exceptions related only to ownership or investment prohibition.
	(f) Report on areas of inconsistency or conflict.		(e) Exceptions relating to other compensation arrangements.
1395ii.	Application of certain provisions of subchapter II.		(f) Reporting requirements.
1395jj.	Designation of organization or publication by name.		(g) Sanctions.
1395kk.	Administration of insurance programs.	1395oo.	Provider Reimbursement Review Board.
	(a) Functions of Secretary; performance directly or by contract.		(a) Establishment.
	(b) Contracts to secure special data, actuarial information, etc.		(b) Appeals by groups.
	(c) Oaths and affirmations.		(c) Right to counsel; rules of evidence.
1395kk-1.	Contracts with medicare administrative contractors.		(d) Decisions of Board.
	(a) Authority.		(e) Rules and regulations.
	(b) Contracting requirements.		(f) Finality of decision; judicial review; determinations of Board authority; jurisdiction; venue; interest on amount in controversy.
	(c) Terms and conditions.		(g) Certain findings not reviewable.
	(d) Limitation on liability of medicare administrative contractors and certain officers.		(h) Composition and compensation.
	(e) Requirements for information security.		(i) Technical and clerical assistance.
	(f) Incentives to improve contractor performance in provider education and outreach.	1395pp.	(j) "Provider of services" defined.
	(g) Communications with beneficiaries, providers of services and suppliers.		Limitation on liability where claims are disallowed.
	(h) Conduct of prepayment review.		(a) Conditions prerequisite to payment for items and services notwithstanding determination of disallowance.
1395ll.	Studies and recommendations.		(b) Knowledge of person or provider that payment could not be made; indemnification of individual.
	(a) Health care of the aged and disabled.		(c) Knowledge of both provider and individual to whom items or services were furnished that payment could not be made.
	(b) Operation and administration of insurance programs.		(d) Exercise of rights.
1395mm.	Payments to health maintenance organizations and competitive medical plans.		(e) Payment where beneficiary not at fault.
	(a) Rates and adjustments.		(f) Presumption with respect to coverage denial; rebuttal; requirements; "fiscal intermediary" defined.
	(b) Definitions; requirements.		(g) Coverage denial defined.
	(c) Enrollment in plan; duties of organization to enrollees.		(h) Supplier responsibility for items furnished on assignment basis.
	(d) Right to enroll with contracting organization in geographic area.	1395qq.	Indian health service facilities.
	(e) Limitation on charges; election of coverage; "adjusted community rate" defined; workmen's compensation and insurance benefits.		(a) Eligibility for payments; conditions and requirements.
	(f) Membership requirements.		(b) Eligibility based on submission of plan to achieve compliance with conditions and requirements; twelve-month period.
	(g) Risk-sharing contract.		(c) Payments into special fund for improvements to achieve compliance with conditions and requirements; certification of compliance by Secretary.
	(h) Reasonable cost reimbursement contract; requirements.		
	(i) Duration, termination, effective date, and terms of contract; powers and duties of Secretary.		
	(j) Payment in full and limitation on actual charges; physicians, providers of services, or renal dialysis facilities not under contract with organization.		

Sec.		Sec.	
	<ul style="list-style-type: none"> (d) Report by Secretary; status of facilities in complying with conditions and requirements. (e) Services provided by Indian Health Service, Indian tribe, or tribal organization. (f) Cross reference. 		<ul style="list-style-type: none"> (m) Revision of amended NAIC Model Regulation and amended Federal model standards; effective dates; medicare supplemental policy and State regulatory program meeting applicable standards.
1395rr.	End stage renal disease program. <ul style="list-style-type: none"> (a) Type, duration, and scope of benefits. (b) Payments with respect to services; dialysis; regulations; physicians' services; target reimbursement rates; home dialysis supplies and equipment; self-care home dialysis support services; self-care dialysis units; hepatitis B vaccine. (c) Renal disease network areas; coordinating councils, executive committees, and medical review boards; national end stage renal disease medical information system; functions of network organizations. (d) Donors of kidney for transplant surgery. (e) Reimbursement of providers, facilities, and nonprofit entities for costs of artificial kidney and automated dialysis peritoneal machines for home dialysis. (f) Experiments, studies, and pilot projects. (g) Conditional approval of dialysis facilities; restriction-of-payments notice to public and facility; notice and hearing; judicial review. 		<ul style="list-style-type: none"> (n) Transition compliance with revision of NAIC Model Regulation and Federal model standards. (o) Requirements of group benefits; core group benefits; uniform outline of coverage. (p) Standards for group benefits. (q) Guaranteed renewal of policies; termination; suspension. (r) Required ratio of aggregate benefits to aggregate premiums. (s) Coverage for pre-existing conditions. (t) Medicare select policies. (u) Additional rules relating to individuals enrolled in MSA plans and in private fee-for-service plans. (v) Rules relating to medigap policies that provide prescription drug coverage. (w) Development of new standards for medicare supplemental policies.
1395ss.	Certification of medicare supplemental health insurance policies. <ul style="list-style-type: none"> (a) Submission of policy by insurer. (b) Standards and requirements; periodic review by Secretary. (c) Requisite findings. (d) Criminal penalties; civil penalties for certain violations. (e) Dissemination of information. (f) Study and evaluation of comparative effectiveness of various State approaches to regulating medicare supplemental policies; report to Congress no later than January 1, 1982; periodic evaluations. (g) Definitions. (h) Rules and regulations. (i) Commencement of certification program. (j) State regulation of policies issued in other States. (k) Amended NAIC Model Regulation or Federal model standards applicable; effective date; medicare supplemental policy and State regulatory program meeting applicable standards. (l) Transitional compliance with NAIC Model Transition Regulation; "qualifying medicare supplemental policy" and "NAIC Model Transition Regulation" defined. 	1395tt.	Hospital providers of extended care services. <ul style="list-style-type: none"> (a) Hospital facility agreements; reasonable costs of services. (b) Eligible facilities. (c) Terms and conditions of facility agreements. (d) Post-hospital extended care services. (e) Reimbursement for routine hospital services. (f) Conditions applicable to skilled nursing facilities. (g) Agreements on demonstration basis.
		1395uu.	Payments to promote closing or conversion of underutilized hospital facilities. <ul style="list-style-type: none"> (a) Transitional allowances; procedures applicable. (b) Allowable costs as transitional allowances; findings and determinations. (c) Factors determinative of transitional allowance. (d) Hearing to review determination.
		1395vv.	Withholding payments from certain medicaid providers. <ul style="list-style-type: none"> (a) Adjustments by Secretary. (b) Implementing regulations; notice, opportunity to be heard, etc. (c) Payment to States of amounts recovered.
		1395ww.	Payments to hospitals for inpatient hospital services. <ul style="list-style-type: none"> (a) Determination of costs for inpatient hospital services; limitations; exemptions; "operating costs of inpatient hospital services" defined. (b) Computation of payment; definitions; exemptions; adjustments.

Sec.		Sec.	
	(c) Payment in accordance with State hospital reimbursement control system; amount of payment; discontinuance of payments.		(d) Assessment process; reports to Congress.
	(d) Inpatient hospital service payments on basis of prospective rates; Medicare Geographical Classification Review Board.		(e) Enforcement.
	(e) Proportional adjustments in applicable percentage increases.		(f) Intermediate sanctions.
	(f) Reporting of costs of hospitals receiving payments on basis of prospective rates.		(g) Payment on basis of location of service.
	(g) Prospective payment for capital-related costs; return on equity capital for hospitals.	1395ccc.	Offset of payments to individuals to collect past-due obligations arising from breach of scholarship and loan contract.
	(h) Payments for direct graduate medical education costs.		(a) In general.
	(i) Avoiding duplicative payments to hospitals participating in rural demonstration programs.		(b) Past-due obligation.
	(j) Prospective payment for inpatient rehabilitation services.		(c) Collection under this section shall not be exclusive.
	(k) Payment to nonhospital providers.		(d) Collection from providers and health maintenance organizations.
	(l) Payment for nursing and allied health education for managed care enrollees.	1395ddd.	(e) Transfer from trust funds. Medicare Integrity Program.
1395xx.	Payment of provider-based physicians and payment under certain percentage arrangements.		(a) Establishment of Program.
	(a) Criteria; amount of payments.		(b) Activities described.
	(b) Prohibition of recognition of payments under certain percentage agreements.		(c) Eligibility of entities.
1395yy.	Payment to skilled nursing facilities for routine service costs.		(d) Process for entering into contracts.
	(a) Per diem limitations.		(e) Limitation on contractor liability.
	(b) Excess overhead allocations for hospital-based facilities.	1395eee.	(f) Recovery of overpayments.
	(c) Adjustments in limitations; publication of data.		Payments to, and coverage of benefits under, programs of all-inclusive care for elderly (PACE).
	(d) Access to skilled nursing facilities.		(a) Receipt of benefits through enrollment in PACE program; definitions for PACE program related terms.
	(e) Prospective payment.		(b) Scope of benefits; beneficiary safeguards.
1395zz.	Provider education and technical assistance.		(c) Eligibility determinations.
	(a) Coordination of education funding.		(d) Payments to PACE providers on capitated basis.
	(b) Enhanced education and training.		(e) PACE program agreement.
	(c) Tailoring education and training activities for small providers or suppliers.		(f) Regulations.
	(d) Internet websites; FAQs.		(g) Waivers of requirements.
	(e) Encouragement of participation in education program activities.	1395fff.	(h) Demonstration project for for-profit entities.
	(f) Construction.		(i) Miscellaneous provisions.
	(g) Definitions.		Prospective payment for home health services.
1395aaa.	Transferred.		(a) In general.
1395bbb.	Conditions of participation for home health agencies; home health quality.		(b) System of prospective payment for home health services.
	(a) Conditions of participation; protection of individual rights; notification of State entities; use of home health aides; medical equipment; individual's plan of care; compliance with Federal, State, and local laws and regulations.		(c) Requirements for payment information.
	(b) Duty of Secretary.		(d) Limitation on review.
	(c) Surveys of home health agencies.		(e) Construction related to home health services.
		1395ggg.	Medicare subvention demonstration project for military retirees.
			(a) Definitions.
			(b) Demonstration project.
			(c) Crediting of payments.
			(d) Waiver of certain medicare requirements.
			(e) Inspector General.
			(f) Voluntary participation.
			(g) TRICARE health care plans.
			(h) Additional plans.
			(i) Payments based on regular medicare payment rates.
			(j) Maintenance of effort.
			(k) Evaluation and reports.
		1395hhh.	Health care infrastructure improvement program.
			(a) Establishment.
			(b) Application.

Sec.

- (c) Selection criteria.
- (d) Projects.
- (e) State and local permits.
- (f) Forgiveness of indebtedness.
- (g) Funding.
- (h) Report to Congress.

SUBCHAPTER XIX—GRANTS TO STATES FOR
MEDICAL ASSISTANCE PROGRAMS

1396.
1396a.

- Appropriations.
- State plans for medical assistance.
- (a) Contents.
 - (b) Approval by Secretary.
 - (c) Lower payment levels or applying for benefits as condition of applying for, or receiving, medical assistance.
 - (d) Performance of medical or utilization review functions.
 - (e) Continued eligibility of families determined ineligible because of income and resources or hours of work limitations of plan; individuals enrolled with health maintenance organizations; persons deemed recipients of supplemental security income or State supplemental payments; entitlement for certain newborns; postpartum eligibility for pregnant women.
 - (f) Effective date of State plan as determinative of duty of State to provide medical assistance to aged, blind, or disabled individuals.
 - (g) Reduction of aid or assistance to providers of services attempting to collect from beneficiary in violation of third-party provisions.
 - (h) Payments for hospitals serving disproportionate number of low-income patients and for home and community care.
 - (i) Termination of certification for participation of and suspension of State payments to intermediate care facilities for the mentally retarded.
 - (j) Waiver or modification of subchapter requirements with respect to medical assistance program in American Samoa.
 - (k) Repealed.
 - (l) Description of group.
 - (m) Description of individuals.
 - (n) Payment amounts.
 - (o) Certain benefits disregarded for purposes of determining post-eligibility contributions.
 - (p) Exclusion power of State; exclusion as prerequisite for medical assistance payments; "exclude" defined.
 - (q) Minimum monthly personal needs allowance deduction; "institutionalized individual or couple" defined.
 - (r) Disregarding payments for certain medical expenses by institutionalized individuals.
 - (s) Adjustment in payment for hospital services furnished to low-income children under age of 6 years.

Sec.

- (t) Limitation on payments to States for expenditures attributable to taxes.
- (u) Qualified COBRA continuation beneficiaries.
- (v) State agency disability and blindness determinations for medical assistance eligibility.
- (w) Maintenance of written policies and procedures respecting advance directives.
- (x) Physician identifier system; establishment.
- (y) Intermediate sanctions for psychiatric hospitals.
- (z) Optional coverage of TB-related services.
- (aa) Certain breast or cervical cancer patients.
- (bb) Payment for services provided by Federally-qualified health centers and rural health clinics.

1396b.

- Payment to States.
- (a) Computation of amount.
 - (b) Quarterly expenditures beginning after December 31, 1969.
 - (c) Treatment of educationally-related services.
 - (d) Estimates of State entitlement; installments; adjustments to reflect overpayments or underpayments; time for recovery or adjustment; uncollectable or discharged debts; obligated appropriations; disputed claims.
 - (e) Transition costs of closures or conversions permitted.
 - (f) Limitation on Federal participation in medical assistance.
 - (g) Decrease in Federal medical assistance percentage of amounts paid for services furnished under State plan after June 30, 1973.
 - (h) Repealed.
 - (i) Payment for organ transplants; item or service furnished by excluded individual, entity, or physician; other restrictions.
 - (j) Adjustment of amount.
 - (k) Technical assistance to States.
 - (l) Repealed.
 - (m) "Medicaid managed care organization" defined; duties and functions of Secretary; payments to States; reporting requirements; remedies.
 - (n) Repealed.
 - (o) Restrictions on authorized payments to States.
 - (p) Assignment of rights of payment; incentive payments for enforcement and collection.
 - (q) "State medicaid fraud control unit" defined.
 - (r) Mechanized claims processing and information retrieval systems; operational, etc., requirements.
 - (s) Limitations on certain physician referrals.
 - (t) Repealed.

Sec.		Sec.	
	(u) Limitation of Federal financial participation in erroneous medical assistance expenditures.		(c) Functions and duties of State agency or board.
	(v) Medical assistance to aliens not lawfully admitted for permanent residence.		(d) Waiver of standards other than good character or suitability standards.
	(w) Prohibition on use of voluntary contributions, and limitation on use of provider-specific taxes to obtain Federal financial participation under medicaid.	1396g-1.	(e) "Nursing home" and "nursing home administrator" defined. Required laws relating to medical child support.
1396c.	Operation of State plans.	1396h.	(a) In general.
1396d.	Definitions.	1396i.	(b) "Insurer" defined. Transferred.
	(a) Medical assistance.		Certification and approval of rural health clinics and intermediate care facilities for mentally retarded.
	(b) Federal medical assistance percentage; State percentage; Indian health care percentage.	1396j.	Indian health service facilities.
	(c) Nursing facility.		(a) Eligibility for reimbursement for medical assistance.
	(d) Intermediate care facility for mentally retarded.		(b) Facilities deemed to meet requirements upon submission of acceptable plan for achieving compliance.
	(e) Physicians' services.		(c) Agreement to reimburse State agency for providing care and services.
	(f) Nursing facility services.		(d) Cross reference.
	(g) Chiropractors' services.	1396k.	Assignment, enforcement, and collection of rights of payments for medical care; establishment of procedures pursuant to State plan; amounts retained by State.
	(h) Inpatient psychiatric hospital services for individuals under age 21.		Hospital providers of nursing facility services.
	(i) Institution for mental diseases.	1396l.	Withholding of Federal share of payments for certain medicare providers.
	(j) State supplementary payment.		(a) Adjustment of Federal matching payments.
	(k) Supplemental security income benefits.	1396m.	(b) Reductions in payments to and by States.
	(l) Rural health clinics.		(c) Notice.
	(m) Qualified family member.		(d) Regulations.
	(n) "Qualified pregnant woman or child" defined.		(e) Restoration to trust funds of recovered amounts.
	(o) Optional hospice benefits.	1396n.	(f) Liability of States for withheld payments. Compliance with State plan and payment provisions.
	(p) Qualified medicare beneficiary; medicare cost-sharing.		(a) Activities deemed as compliance.
	(q) Qualified severely impaired individual.		(b) Waivers to promote cost-effectiveness and efficiency.
	(r) Early and periodic screening, diagnostic, and treatment services.		(c) Waiver respecting medical assistance requirement in State plan; scope, etc.; "habilitation services" defined; imposition of certain regulatory limits prohibited; computation of expenditures for certain disabled patients; coordinated services; substitution of participants.
	(s) Qualified disabled and working individual.		(d) Home and community-based services for elderly.
	(t) Primary care case management services; primary care case manager; primary care case management contract; and primary care.		(e) Waiver for children infected with AIDS or drug dependent at birth.
	(u) Conditions for State plans.		(f) Monitor of implementation of waivers; termination of waiver for noncompliance; time limitation for action on requests for plan approval, amendments, or waivers.
	(v) Employed individual with a medically improved disability.		(g) Optional targeted case management services.
	(w) Independent foster care adolescent.		(h) Period of waivers; continuations.
1396e.	Enrollment of individuals under group health plans.		
	(a) Requirements of each State plan; guidelines.		
	(b) Timing of enrollment; failure to enroll.		
	(c) Premiums considered payments for medical assistance; eligibility.		
	(d) Repealed.		
	(e) Definitions.		
1396f.	Observance of religious beliefs.		
1396g.	State programs for licensing of administrators of nursing homes.		
	(a) Nature of State program.		
	(b) Licensing by State agency or board representative of concerned professions and institutions.		

Sec.		Sec.	
1396o.	Use of enrollment fees, premiums, deductions, cost sharing, and similar charges. (a) Imposition of certain charges under plan in case of individuals described in section 1396a(a)(10)(A) or (E). (b) Imposition of certain charges under plan in case of individuals other than those described in section 1396a(a)(10)(A) or (E). (c) Imposition of monthly premium; persons affected; amount; prepayment; failure to pay; use of funds from other programs. (d) Premiums for qualified disabled and working individuals described in section 1396d(s). (e) Prohibition of denial of services on basis of individual's inability to pay certain charges. (f) Charges imposed under waiver authority of Secretary. (g) Individuals provided medical assistance under section 1396a(a)(10)(A)(ii)(XV) or (XVI).		(c) Application for medical assistance; procedure upon determination of presumptive eligibility. (d) Treatment of medical assistance.
		§ 1396r-1b.	Presumptive eligibility for certain breast or cervical cancer patients. (a) State option. (b) Definitions. (c) Administration. (d) Payment.
		1396r-2.	Information concerning sanctions taken by State licensing authorities against health care practitioners and providers. (a) Information reporting requirement. (b) Form of information. (c) Confidentiality of information provided. (d) Appropriate coordination.
		1396r-3.	Correction and reduction plans for intermediate care facilities for mentally retarded. (a) Written plans to remedy substantial deficiencies; time for submission. (b) Conditions for approval of reduction plans. (c) Contents of reduction plan. (d) Notice and comment; approval of more than 15 reduction plans in any fiscal year; corrections costing \$2,000,000 or more. (e) Termination of provider agreements; disallowance of percentage amounts for purposes of Federal financial participation. (f) Applicability of section limited to plans approved by January 1, 1990.
1396p.	Liens, adjustments and recoveries, and transfers of assets. (a) Imposition of lien against property of an individual on account of medical assistance rendered to him under a State plan. (b) Adjustment or recovery of medical assistance correctly paid under a State plan. (c) Taking into account certain transfers of assets. (d) Treatment of trust amounts. (e) Definitions.		
1396q.	Application of provisions of subchapter II relating to subpoenas.		
1396r.	Requirements for nursing facilities. (a) "Nursing facility" defined. (b) Requirements relating to provision of services. (c) Requirements relating to residents' rights. (d) Requirements relating to administration and other matters. (e) State requirements relating to nursing facility requirements. (f) Responsibilities of Secretary relating to nursing facility requirements. (g) Survey and certification process. (h) Enforcement process. (i) Construction.	1396r-4.	Adjustment in payment for inpatient hospital services furnished by disproportionate share hospitals. (a) Implementation of requirement. (b) Hospitals deemed disproportionate share. (c) Payment adjustment. (d) Requirements to qualify as disproportionate share hospital. (e) Special rule. (f) Limitation on Federal financial participation. (g) Limit on amount of payment to hospital. (h) Limitation on certain State DSH expenditures. (i) Requirement for direct payment. (j) Annual reports and other requirements regarding payment adjustments.
1396r-1.	Presumptive eligibility for pregnant women. (a) Ambulatory prenatal care. (b) Definitions. (c) Duties of State agency, qualified providers, and presumptively eligible pregnant women. (d) Ambulatory prenatal care as medical assistance.	1396r-5.	Treatment of income and resources for certain institutionalized spouses. (a) Special treatment for institutionalized spouses. (b) Rules for treatment of income. (c) Rules for treatment of resources. (d) Protecting income for community spouse. (e) Notice and fair hearing.
1396r-1a.	Presumptive eligibility for children. (a) In general. (b) Definitions; regulations.		

Sec.		Sec.	
	(f) Permitting transfer of resources to community spouse.		(a) Community supported living arrangements services.
	(g) Indexing dollar amounts.		(b) "Developmentally disabled individual" defined.
	(h) Definitions.		(c) Criteria for selection of participating States.
1396r-6.	Extension of eligibility for medical assistance.		(d) Quality assurance.
	(a) Initial 6-month extension.		(e) Maintenance of effort.
	(b) Additional 6-month extension.		(f) Excluded services.
	(c) Applicability in States and territories.		(g) Waiver of requirements.
	(d) General disqualification for fraud.		(h) Minimum protections.
	(e) "Caretaker relative" defined.		(i) Treatment of funds.
	(f) Sunset.		(j) Limitation on amounts of expenditures as medical assistance.
1396r-7.	Repealed.	1396u-1.	Assuring coverage for certain low-income families.
1396r-8.	Payment for covered outpatient drugs.		(a) References to subchapter IV-A are references to pre-welfare-reform provisions.
	(a) Requirement for rebate agreement.		(b) Application of pre-welfare-reform eligibility criteria.
	(b) Terms of rebate agreement.		(c) Treatment for purposes of transitional coverage provisions.
	(c) Determination of amount of rebate.		(d) Waivers.
	(d) Limitations on coverage of drugs.		(e) State option to use 1 application form.
	(e) Treatment of pharmacy reimbursement limits.		(f) Additional rules of construction.
	(f) Repealed and redesignated.		(g) Relation to other provisions.
	(g) Drug use review.		(h) Transitional increased Federal matching rate for increased administrative costs.
	(h) Electronic claims management.		(i) Welfare reform effective date.
	(i) Omitted.		Provisions relating to managed care.
	(j) Exemption of organized health care settings.		(a) State option to use managed care.
	(k) Definitions.		(b) Beneficiary protections.
1396s.	Program for distribution of pediatric vaccines.	1396u-2.	(c) Quality assurance standards.
	(a) Establishment of program.		(d) Protections against fraud and abuse.
	(b) Vaccine-eligible children.		(e) Sanctions for noncompliance.
	(c) Program-registered providers.		(f) Timeliness of payment.
	(d) Negotiation of contracts with manufacturers.		(g) Identification of patients for purposes of making DSH payments.
	(e) Use of pediatric vaccines list.		State coverage of medicare cost-sharing for additional low-income medicare beneficiaries.
	(f) Requirement of State maintenance of immunization laws.		(a) In general.
	(g) Termination.		(b) Selection of qualifying individuals.
	(h) Definitions.		(c) Allocation.
1396t.	Home and community care for functionally disabled elderly individuals.	1396u-3.	(d) Applicable FMAP.
	(a) "Home and community care" defined.		(e) Limitation on entitlement.
	(b) "Functionally disabled elderly individual" defined.		(f) Coverage of costs through part B of medicare program.
	(c) Determinations of functional disability.		(g) Special rule.
	(d) Individual community care plan (ICCP).	1396u-4.	Program of all-inclusive care for elderly (PACE).
	(e) Ceiling on payment amounts and maintenance of effort.		(a) State option.
	(f) Minimum requirements for home and community care.		(b) Scope of benefits; beneficiary safeguards.
	(g) Minimum requirements for small community care settings.		(c) Eligibility determinations.
	(h) Minimum requirements for large community care settings.		(d) Payments to PACE providers on a capitated basis.
	(i) Survey and certification process.		(e) PACE program agreement.
	(j) Enforcement process for providers of community care.		(f) Regulations.
	(k) Secretarial responsibilities.		(g) Waivers of requirements.
	(l) Waiver of Statewideness.		(h) Demonstration project for for-profit entities.
	(m) Limitation on amount of expenditures as medical assistance.		(i) Post-eligibility treatment of income.
1396u.	Community supported living arrangements services.		(j) Miscellaneous provisions.

Sec.		Sec.	
1396u-5.	Special provisions relating to medicare prescription drug benefit.		(b) General description of eligibility standards and methodology.
	(a) Requirements relating to medicare prescription drug low-income subsidies and medicare transitional prescription drug assistance.		(c) Outreach and coordination.
	(b) Regular Federal subsidy of administrative costs.	1397cc.	Coverage requirements for children's health insurance.
	(c) Federal assumption of medicaid prescription drug costs for dually eligible individuals.		(a) Required scope of health insurance coverage.
	(d) Coordination of prescription drug benefits.		(b) Benchmark benefit packages.
	(e) Treatment of territories.		(c) Categories of services; determination of actuarial value of coverage.
1396v.	References to laws directly affecting medicaid program.		(d) Description of existing comprehensive State-based coverage.
	(a) Authority or requirements to cover additional individuals.		(e) Cost-sharing.
	(b) Additional State plan requirements.		(f) Application of certain requirements.
SUBCHAPTER XX—BLOCK GRANTS TO STATES FOR SOCIAL SERVICES		1397dd.	Allotments.
1397.	Purposes; authorization of appropriations.		(a) Appropriation; total allotment.
1397a.	Payments to States.		(b) Allotments to 50 States and District of Columbia.
	(a) Amount; covered services.		(c) Allotments to territories.
	(b) Funding requirements.		(d) Repealed.
	(c) Expenditure of funds.		(e) 3-year availability of amounts allotted.
	(d) Transfers of funds.		(f) Procedure for redistribution of unused allotments.
	(e) Use of portion of funds.		(g) Rule for redistribution and extended availability of fiscal years 1998, 1999, 2000, and 2001 allotments.
	(f) Authority to use vouchers.	1397ee.	Payments to States.
1397b.	Allotments.		(a) In general.
	(a) Computation of amounts for jurisdictions of Puerto Rico, Guam, etc.		(b) Enhanced FMAP.
	(b) Computation of amounts for each State other than jurisdictions of Puerto Rico, Guam, etc.		(c) Limitation on certain payments for certain expenditures.
	(c) Appropriations.		(d) Maintenance of effort.
1397c.	State reporting requirements.		(e) Advance payment; retrospective adjustment.
1397d.	Limitation on use of grants; waiver.		(f) Flexibility in submittal of claims.
1397e.	Administrative and fiscal accountability.		(g) Authority for qualifying States to use certain funds for medicaid expenditures.
	(a) Reporting requirements; form, contents, etc.	1397ff.	Process for submission, approval, and amendment of State child health plans.
	(b) Audits; implementation, etc.		(a) Initial plan.
	(c) State reports on expenditure and use of social services funds.		(b) Plan amendments.
	(d) Additional accounting requirements.		(c) Disapproval of plans and plan amendments.
			(d) Program operation.
			(e) Continued approval.
1397f.	Additional grants.	1397gg.	Strategic objectives and performance goals; plan administration.
	(a) Entitlement.		(a) Strategic objectives and performance goals.
	(b) Program options.		(b) Records, reports, audits, and evaluation.
	(c) Use of grants.		(c) Program development process.
	(d) Remittance of certain amounts.		(d) Program budget.
	(e) Reallocation of remaining funds.		(e) Application of certain general provisions.
	(f) Definitions.	1397hh.	Annual reports; evaluations.
SUBCHAPTER XXI—STATE CHILDREN'S HEALTH INSURANCE PROGRAM			(a) Annual report.
1397aa.	Purpose; State child health plans.		(b) State evaluations.
	(a) Purpose.		(c) Federal evaluation.
	(b) State child health plan required.		(d) Inspector General audit and GAO report.
	(c) State entitlement.	1397ii.	Miscellaneous provisions.
	(d) Effective date.		(a) Relation to other laws.
1397bb.	General contents of State child health plan; eligibility; outreach.		(b) Adjustment to Current Population Survey to include State-by-State data relating to children without health insurance coverage.
	(a) General background and description.		

Sec.

1397jj.

Definitions.

- (a) Child health assistance.
- (b) "Targeted low-income child" defined.
- (c) Additional definitions.

CHAPTER REFERRED TO IN OTHER SECTIONS

This chapter is referred to in sections 256b, 299a, 907a, 1437f, 4636, 11606, 12637, 13021 of this title; title 2 section 651; title 5 sections 8403, 8442; title 7 sections 2012, 2015; title 8 section 1324a; title 12 section 1701z-11; title 22 sections 3968, 4071i; title 25 sections 13d, 459e, 609c-1, 640d-21, 1264, 1300d-25, 1407, 1408, 2307, 3304; title 26 sections 86, 162, 401, 412, 415, 1402, 6103; title 29 sections 716, 728, 1082, 2931; title 31 sections 1516, 3701, 3716; title 38 sections 5303A, 8126; title 40 section 14502; title 43 section 1626; title 45 sections 231, 231a, 231b, 231c, 231d, 231e, 231f, 231q, 231r, 231u; title 50 App. section 1291.

SUBCHAPTER I—GRANTS TO STATES FOR OLD-AGE ASSISTANCE

REPEAL OF SUBCHAPTER I OF THIS CHAPTER; INAPPLICABILITY OF REPEAL TO PUERTO RICO, GUAM, AND VIRGIN ISLANDS

Pub. L. 92-603, title III, § 303(a), (b), Oct. 30, 1972, 86 Stat. 1484, provided that this subchapter is repealed effective January 1, 1974, except with respect to Puerto Rico, Guam, and the Virgin Islands.

AMENDMENTS

1960—Pub. L. 86-778, title VI, § 601(a), Sept. 13, 1960, 74 Stat. 987, included medical assistance for the aged in subchapter heading.

SUBCHAPTER REFERRED TO IN OTHER SECTIONS

This subchapter is referred to in sections 428, 671, 1301, 1306a, 1308, 1309, 1311, 1315, 1316, 1318, 1319, 1320b-2, 1320b-3, 1320b-7, 1382, 1395v, 1395z, 1396a, 1396b, 1396d of this title; title 7 sections 2012, 2014; title 8 section 1255a; title 26 section 6103.

§ 301. Authorization of appropriations

For the purpose of enabling each State, as far as practicable under the conditions in such State, to furnish financial assistance to aged needy individuals, there is hereby authorized to be appropriated for each fiscal year a sum sufficient to carry out the purposes of this subchapter. The sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Secretary of Health and Human Services (hereinafter referred to as the "Secretary"), State plans for old-age assistance.

(Aug. 14, 1935, ch. 531, title I, § 1, 49 Stat. 620; Aug. 28, 1950, ch. 809, title III, pt. 6, § 361(a), 64 Stat. 558; Aug. 1, 1956, ch. 836, title III, § 311(a), 70 Stat. 848; Pub. L. 86-778, title VI, § 601(b), Sept. 13, 1960, 74 Stat. 987; Pub. L. 87-543, title I, § 104(c)(1), July 25, 1962, 76 Stat. 185; Pub. L. 96-88, title V, § 509(b), Oct. 17, 1979, 93 Stat. 695; Pub. L. 97-35, title XXI, § 2184(a)(2), Aug. 13, 1981, 95 Stat. 816.)

REPEAL OF SECTION

Pub. L. 92-603, title III, § 303(a), (b), Oct. 30, 1972, 86 Stat. 1484, provided that this section is repealed effective Jan. 1, 1974, except with respect to Puerto Rico, Guam, and the Virgin Islands.

AMENDMENTS

1981—Pub. L. 97-35 substituted "purpose of enabling" for "purpose (a) of enabling", struck out provisions designated as cls. (b) and (c) which authorized appropriations for the purpose of enabling each State to furnish medical assistance to aged individuals who are not recipients of old-age assistance but whose income and resources are insufficient to meet the cost of necessary medical care and of encouraging each State to furnish rehabilitation and other services to individuals to attain and retain capability for self-care, and struck out "or for medical assistance for the aged, or for old-age assistance and medical assistance for the aged" after "plans for old-age assistance".

1962—Pub. L. 87-543 amended first sentence generally, striking from cl. (a) provision relating to the purpose of encouraging each State, as far as practicable under the conditions in the State, to help aged needy individuals attain self-care, and adding cl. (c) incorporating the struck out provision.

1960—Pub. L. 86-778 amended section generally, authorizing appropriations for the purpose of enabling each State, as far as practicable under the conditions in such State, to furnish medical assistance on behalf of aged individuals who are not recipients of old-age assistance but whose income and resources are insufficient to meet the costs of necessary medical services.

1956—Act Aug. 1, 1956, struck out specific appropriation for fiscal year ending June 30, 1956, and inserted provisions relating to attainment of self-care by individuals.

1950—Act Aug. 28, 1950, § 361(a), substituted "Federal Security Administrator (hereinafter referred to as the 'Administrator')" for "Social Security Board established by subchapter I of this chapter (hereinafter referred to as the 'Board')".

EFFECTIVE DATE OF 1960 AMENDMENT

Section 604 of Pub. L. 86-778 provided that: "The amendments made by section 601 of this Act [amending this section and sections 302, 303, 304, and 306 of this title] shall take effect October 1, 1960, and the amendments made by section 602 [amending section 1308 of this title] shall be effective with respect to fiscal years ending after 1960."

CHANGE OF NAME

Secretary of Health and Human Services substituted in text for Secretary of Health, Education, and Welfare pursuant to section 509(b) of Pub. L. 96-88 which is classified to section 3508(b) of Title 20, Education.

SHORT TITLE

For short title of this chapter and of amendments thereto, see section 1305 of this title and Short Title notes set out thereunder.

DECLARATION OF PURPOSE OF TITLE III OF ACT AUGUST 1, 1956

Section 300 of act Aug. 1, 1956, provided that: "It is the purpose of this title [enacting sections 906 and 1310 of this title and amending this section and sections 302, 303, 601, 602, 603, 606, 1201, 1202, 1203, 1301, 1308, 1351, 1352, and 1353 of this title] (a) to promote the health of the Nation by assisting States to extend and broaden their provisions for meeting the costs of medical care for persons eligible for public assistance by providing for separate matching of assistance expenditures for medical care, (b) to promote the well-being of the Nation by encouraging the States to place greater emphasis on helping to strengthen family life and helping needy families and individuals attain the maximum economic and personal independence of which they are capable, (c) to assist in improving the administration of public assistance programs (1) through making grants and contracts, and entering into jointly financed cooperative arrangements, for research or demonstration projects and (2) through Federal-State programs of